

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATION	
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
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NOV 30 1988

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OIL CON. DIV
DIST. 2

I. Operator
Amoco Production Company

Address
2325 E. 30th St. Farmington

Reason(s) for filing (Check proper box)

☐ New Well	Change in Transporter of:
☐ Recompletion	☐ Oil
☒ Change in Ownership	☐ Casinghead Gas
	☐ Dry Gas
	☐ Condensate

Other (Please explain)

If change of ownership give name and address of previous owner Hixon Development Corp.

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Tapacitos</u>	Well No. <u>4</u>	Pool Name, including Formation <u>Gavilan Mancos</u>	Kind of Lease State, Federal or Free Federal	Lease No. <u>NM 7993</u>
Location Unit Letter <u>X</u> : <u>1100</u> Feet From The <u>South</u> Line and <u>1600</u> Feet From The <u>East</u> Line Line of Section <u>36</u> Township <u>26N</u> Range <u>2W</u> . NMPM. <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

B. Shaw

(Signature)

Adm. Supervisor

(Title)

11-22-88

(Date)

OIL CONSERVATION DIVISION NOV 30 1988

APPROVED _____, 19 _____

BY [Signature]

SUPERVISOR DISTRICT 2

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filled for each pool in multiply completed wells.