STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT Form C-104 -OIL CONSERVATION DIVISION Agresas 10-01-78 IAMEA CE rmat 06-01-43 FILE P. O. BOX 2088 W.S.G. SANTA FE. NEW MEXICO 87501 LANG OFFICE TRAMEPORTER REQUEST FOR ALLOWABLE GPERATOR PROBATION OFFICE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Amoco Production Company 501 Airport Prive Farmington. NM 87401 Other (Please Name Wall FEB 15 1985 Recompletion OII Dry Gas Change in Ownership OIL CON. DIV. If change of ownership give name and address of previous awner. II. DESCRIPTION OF WELL AND LEASE fell Ne. Pool Name, including Formation Valencia Canion Unit Kind of Legge Pictured Cliffs state, Foderal or Foo Federa NM-14917 Line of Section 28 N IIL DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS e at Authorized Transporter at Cil or Condensate Address (Give address to which approved copy of this form is to be sent) Permian Corp. P. 0. Box 1702 Farmington, NM 87499 Name of Authorized Transparter of Castaghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sens; El-Peso Naturil Gas Company P. 0. Box 990 Farmington, NM 87401 If well area Unit is que ectually connected? give location of tenks. 28N . 44 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 OIL CONSERVATION DIVISIO I hereby certify that the rules and regulations of the Oil Conservation Division have 5 1985 been complied with and that the information given is true and complete to the best of my knowledge and belief. merchig a 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 (Signature) well, this form must be accompanied by a tabulation of the deviation Admin. Supervisor tests taken on the well in accordance with AULE III.

All sections of this form must be filled out completely for silone

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 good in multiply

able on new and recompleted wells.

completed wells.

(Tule)

(Date)

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