## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISIO P. O. BOX 2088

SANTA FE, NEW MEXICO 8750)

Form C-104 Revised 10-01-78

REQUEST FOR ALLOWABLE AND

OIL CON. DIV.

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Amoco Production Co. 501 Airport Drive, Farmington, N M 87401 Other (Please explain) Reason(s) for filing (Check proper box) Change in Transporter of: Dry Cas ио [ у Recompletion Condensore Caeinghead Gas Chince in Ownership Il change of ownership give name and address of previous owner \_ H. DESCRIPTION OF WELL AND LEASE Leone well he. Puol Name, Including Formation State, Federal or fiee Federal Angel Peak Gallup C. A. McAdams B ( ) 11105 1850 Feet From The South Circle 203 1600 Feet From The 102 San Juan 27N Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Agazona (Give address to which approved copy of this form is to be sent) Condensate C None of Authorized Transporter of Cit P.O. Box 1702, Farmington, NM 87499 Permian Corporation Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Cas (X) or Dry Gas P.O. Box 990, Farmington, NM 87499 El Paso Natural Gas Company Is gar actually connected? Rge. Two. Sec. If wall preduces oil or liquide, 28 27N . 10W ; J give location of tanks. If this preduction is commingled with that from any other icase or pool, give commingling order number: NOTE: Complete Parts IV and V on reverse side if necessary. OIL CONSERVATION DIVISION VI. CERTIFICATE OF COMPLIANCE I hearby 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. SUPERVISOR DISTR TITLE . This form is to be filed in compliance with RULE 1104.

(Signalwe)

Adm. Supervisor

(Tille) November 25, 1985

(Date)

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

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

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

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

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