STATE OF NEW MEXICO ENERGY NO MINERALS DEPARTMENT

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	GAS			٦
OPERATOR				7
PROBATION OF	VC #	_	_	┪

OIL CONSERVATION DIVISION P. O. 80X 2088 SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE AND

I. AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL GAS TO EPE 19 P	
Amoco Production Company	LA COLUMN TO A COL	
Address		
501 Airport Drive Farmington, NM 87401	JAN 22 1985	
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well Change in Transporter of:	Ciner (Please explain)	
	Dry Gas	
Change in Ownership Casinghead Gas	Condensare	
If change of ownership give name and address of previous owner		
II. DESCRIPTION OF WELL AND LEASE		
Weil No. Pool Name, including	Ofmation	
Jack Frost D / Basin Dakota	1	
Location	State, Federal or Fee Federal 820779	
Unit Letter E: 1700 Feet From The North Lit	ne and 790 see see - Caland	
ł		
Line of Section 26 Township 27N Range /C	OW, NMPM, San Juan County	
III. DESIGNATION OF TRANSPORTER OF OU AND MATTER A		
or Condensate X	Address (Give address to which approved copy of this form is to be sent)	
Permian Corp.	P. O. Box 1702 Farmington, NM 87499	
El Paso Natural Gas Company	P. O. Box 990 Farmington, NM 87401	
If well produces oil or liquids, Unit Sec. Twp. Rgs.	Is gas actually cannected? When	
<u>Ε 26 2/N:10ω</u>		
If this production is commingled with that from any other lesse or pool,	give commingling order number:	
NOTE: Complete Parts IV and V on reverse side if necessary.		
VI. CERTIFICATE OF COMPLIANCE	CII CONCERVATION -	
	OIL CONSERVATION DIVISION	
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	APPROVED IAN 271985	
my knowledge and belief.	Srank J.	
_	Javy /	
$O \lambda C /$	TITLE SUPERVISOR DETRICT # 3	
15/23hau)	This form is to be filed in compliance with RULE 1104.	
(Signature)	If this is a request for alternating to	
Admin. Supervisor	weil, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
1-2-85	All sections of this form must be filled out completely for silone sbie on new and recompleted wells.	
(Date)	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.	