

NO. OF SPONGE OPERATOR	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.G.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
MAY 26 1987
CON. DIV. 1
DIST. 3

I. Operator: Amoco Production Company

Address: 2325 East 30th Street; Farmington, NM 87401

Reason(s) for filing (Check proper box):

<input type="checkbox"/> New Well	Change in Transporter of:
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil
<input type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> Dry Gas
	<input type="checkbox"/> Casinohed Gas
	<input type="checkbox"/> Condensate

Other (Please explain): _____

If change of ownership give name and address of previous owner: _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>M N Galt H</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Basin Dakota</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>SF 077384</u>
Location Unit Letter <u>L</u> ; <u>1450</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u>				
Line of Section <u>1</u> Township <u>27N</u> Range <u>10W</u> N.M.P.M. <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Permian Corporation</u>	<u>P. O. Box 1702; Farmington, NM 87499</u>
Name of Authorized Transporter of Casinohed Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Sunterra Gas Gathering Company</u>	<u>P. O. Box 26400; Albuquerque, NM 87125</u>
If well produces oil or liquids, give location of tanks. Unit <u>L</u> Sec. <u>1</u> Twp. <u>27N</u> Rng. <u>10W</u>	Is gas actually connected? <u>Yes</u> when <u>5-18-60</u>

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)

5-22-87

(Date)

OIL CONSERVATION DIVISION

APPROVED _____

Frank J. Shaw
MAY 26 1987

BY _____

SUPERVISOR DISTRICT # 3

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 deviated 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 filed for each pool in multiple completed wells.