

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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|                        | GAS |
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OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                                                                                                                            |                                                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Operator<br>Amoco Production Company                                                                                       |                                                                                                                                                                                                       |
| Address<br>501 Airport Drive Farmington, NM 87401                                                                          |                                                                                                                                                                                                       |
| Reason(s) for filing (Check proper box)                                                                                    | Other (Please explain)                                                                                                                                                                                |
| <input type="checkbox"/> New Well<br><input type="checkbox"/> Recompletion<br><input type="checkbox"/> Change in Ownership | Change in Transporter of:<br><input type="checkbox"/> Oil<br><input type="checkbox"/> Casinghead Gas<br><input checked="" type="checkbox"/> Dry Gas<br><input checked="" type="checkbox"/> Condensate |

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|                                                                                                                                                                                                                          |                |                                                |                                                       |                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------|-------------------------------------------------------|----------------------|
| Lease Name<br>J. C. Gordon D                                                                                                                                                                                             | Well No.<br>4E | Pool Name, including Formation<br>Basin Dakota | Kind of Lease<br>State, Federal or Fee <u>Federal</u> | Lease No.<br>SF77952 |
| Location<br>Unit Letter <u>B</u> : <u>850</u> Feet From The <u>North</u> Line and <u>1670</u> Feet From The <u>East</u><br>Line of Section <u>23</u> Township <u>27N</u> Range <u>10W</u> , NMPM, <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) |
| Permian Corp.                                                                                                            | P. O. Box 1702 Farmington, NM 87499                                      |
| Name of Authorized Transporter of Casinghead 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) |
| El Paso Natural Gas Company                                                                                              | P. O. Box 990 Farmington, NM 87401                                       |
| If well produces oil or liquids, give location of tanks.                                                                 | Unit Sec. Twp. Rge. Is gas actually connected? when                      |
|                                                                                                                          | <u>B</u> <u>23</u> <u>27N</u> <u>10W</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.

BDS Shaw

(Signature)  
Admin. Supervisor

(Title)

1-2-85

(Date)

OIL CONSERVATION DIVISION

APPROVED Frank J. Shaw 3-1985  
BY Frank J. Shaw  
TITLE SUPERVISOR DISTRICT # 3

This form is to be filled 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.