STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL		1	7
	BAD	1		╗
OPERATOR			1	₹
PROBATION OFFICE			+-	╛

OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE

AUTHORIZATION TO TRANSPORT OIL AND NATURAL CAS

Form C-104
Revised 10-01-78
Format 06-01-83
2100 1

I. ACTHORIZATION TO TRAN	ASPORT OIL AND NAT	URAL GAS	
Operator			
Amoco Production Company			
Address			
501 Airport Drive Farmington, NM 87401			
Reson(s) for filing (Check proper box)	Other (Plea	te explain)	
New Well Change in Transporter of:		·	
	Ory Gas		-
Change in Ownership Casinghead Gas	Condensare		
If change of ownership give name			
and address of previous owner			
II. DESCRIPTION OF WELL AND LEASE			
well its. Post Name, including	in the of Cada		
C. A. McAdams D 2E Basin Dakota		State, Federal or Fee Federal	Legse No.
Location			JSF07794
Unit Letter J: 1850 Feet From The South Li	ne and /520		
		Feet From The	
Line of Section 20 Township 27N Range	LOW NMPN	. San Juan	
W BEGGN TON		- can ouan	County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	L GAS	·	
Name of Authorized Transporter of CII or Condensate Permian Corp.	Azaross (Give address	to which approved copy of this form is to	a he rearr
	F. U. BOX 1/U	2 Farmington, NM 87499)
Name of Authorized Transporter of Casinghead Cas or Dry Gas ZE El Paso Natural Gas Company	Address (Give address	a which approved copy of this form is to	a ha seed
	P. O. Box 990	Farmington, NM 87401	- or senty
If well preduces oil or liquids, Unit Sec. Twp. Age.	is gas actually connects	nd? When	
1140 location of tones. J ' 20 '27N 10W	No	i e	
If this production is commingled with that from any other lease or pool,	Zive commingling and		
NOTE: Complete Parts IV and V on reverse side if necessary.	State State	number:	
doingstose tans it and to on reverse state if necessary.			
VI. CERTIFICATE OF COMPLIANCE	מו כי		
		DNSERVATION DIVISION	
hereby territy that the rules and regulations of the Oil Conservation Division have	APPROVED	- IANI @ 103	25
peen complied with and that the information given is true and complete to the best of my knowledge and belief.		- 	08.1
	87	Sha h	
	TITLE	SUPERVISOR D'ETR	
DN CI			
DDDDhaw	This form is to	be filed in compliance with RULE	1104.
(Signature)	ii this is a reduc	at for allowable to the control of t	
Admin. Supervisor	lests taken on the w	be accompanied by a tabulation of eil in accordance with RULE 111.	the deviation
(Title) 1-2-85	All sections of table on new and reco	tin from much be different	ely for allow-
DE BORRES	Fill out only qu	ctions I II III	
PEGEINEM			al condition
Light of the state	Separate Forms completed wells.	C-104 must be filed for each pool	i in muitiply
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