STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

Amoco Production Company

Resson(s) for filing (Check proper box)

501 Airport Drive Farmington, NM

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U.S.G.A.		1	1	
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TRANSPORTER	OIL		\vdash	
	GAS			
OPERATOR				
PROBATION OFFICE			_	Ì

Address

New Well

Recompletion

Change in Ownership

OIL CONSERVATION DIVISION P 0. BOX 2088 SANTA FE. NEW MEXICO 87501

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

REQUEST FOR ALLOWABLE AND

Change in Transporter of:

Casinghead Gas

QII

AUTHORIZATION TO TRANSPORT OIL AND NATURAL G.

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R ALLOWABLE ND PORT OIL AND NATURAL GAS	Mars I in	<u>-</u>
	4.	
Other (Please explain)		
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ernation Kind of Lease		Legse No.
State, Federal or F	** Federal	9400005
and 1/4/ Feet From The	t	
Mc , NMPM, San	Juax!	County
GAS		
P. O. Box 1702 Farmington	i, NM 87499	
Address (Give address to which approved co P. O. Box 990 Farmington	py of this form is to 1, NM 87401	be sens)
is gas actually connected? When		
ive commingling order number:		
OIL CONSERVATION	DIVISION	
APPROVED	10 H/2)2 18	185
BY	J. Canz/	
TITLE	SUPERVISOR STOTE	HOT # 3
This form is to be filed in compli	ance with AULE	1154.

If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Weil No. | Pool Name, including Formation Basin Dakota back Frost Gas Location Line of Section Township III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name at Authorized Transporter of Cit or Condensate Permian Corp. Name of Authorized Transporter of Casinghead Gas or Dry Gas El Paso Natural Gas Company Linus Sec. Two. Age. If well produces oil or liquids. give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order numbers 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. (Signature) Admin. Supervisor (Tille) 1-2-85 (Date)

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 AULE III.

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.