STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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19. 00 CBM(9 500	41040		
GISTRIBUTION			
FILE			
V.8.0.4.			
LAMO OFFICE			
TRANSPORTER	01L		
	GAS		
OPERATOR			
PROBATION OFFICE			

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

Form C-164 Revised 10-01-78 Format 06-01-83 Page 1

Separate Forms C-104 must be filed for each pool in multiply

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Converse	BPORT OIL AND NATURAL GAS		
Amoco Production Company			
501 Airport Drive Farmington, NM 87401	DEGENER		
Reason(s) for liling (Check proper box)	Other (Please explain)		
New Weti Change in Transporter of:	Thurs .		
	ondensare		
If change of ownership give name and address of previous owner	DIST. 3		
II. DESCRIPTION OF WELL AND LEASE			
Lease Name Well No. Pool Name, including F	ormation Kind of Lease Sc.		
Gallegos Conyon Unct 231 Basin Dakota	State, Federal or Fee Federal 9200 844		
Unit Letter B: 790 Feet From The North Line and 1450 Feet From The 60st			
Line of Section 27 Township 25N Range /	2W, NMPM, San Juan County		
IIL DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	L GAS		
Permian Corp. Permian (Eff. 9 / 1 /97)	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. Res.	Is gas actually connected? When		
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	OIL CONSERVATION DIVISION		
ereby certify that the rules and regulations of the Oil Conservation Division have APPROVED			
been complied with and that the information given is true and complete to the best of my knowledge and belief.	the best of		
/	Silpenus		
ONCI	TITLE SUPERVISOR DISTRICT # 3		
SDShaw	This form is to be filed in compliance with RULE 1104.		
(Signature) Admin. Supervisor If this is a request for allowable for a newly drilled o well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with AULE 111.			
(Tille) 1-2-85	All sections of this form must be filled out completely for silowable on new and recompleted wells.		
(Date) Fill out only Sections I. II. III, and VI for change well name or number, or transporter or other such change			