STATE OF NEW MEXICO ENERGY NO MINERALS DEPARTMENT

-0. 07 10540 110			
DISTRIBUTION		Ţ	
LANTA FE			
FILE		_ 1	
U.S.G.4.		1	
LANG OFFICE			
TRANSPORTER	OIL.		
	GAS		
OPERATOR			
PROBATION OFFICE			_

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

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

REQUEST FOR ALLOWABLE

PROBATION OFFICE !!!	ND PORT OIL AND NATURAL GAS
Amoco Production Company	
501 Airport Drive Farmington, NM 87401	
Reason(s) for liling (Check proper box)	Ciher (Pleaze explain)
New Well Change in Transporter of:	
	ry Gas
	andensate
Carinduses Cas S	andensate
If change of ownership give name and address of previous owner	
II. DESCRIPTION OF WELL AND LEASE	
Lease Name Well No. Pool Name, Including F	, 4
Gallegos Conyon Unit 246 Basin Dakota	State, Federal ar Fee Federal 378903
Location	
Unit Letter P: 970 Feet From The South Lin	te and 1110 Feet From The 6as 6
Line of Section 35 Township 28N Range	12W, NMPM. San Juan County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	I GAS
Name of Authorized Transporter of CII or Condensate	Agaress (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 Castinghead Gas ar Dry Gas Z El Paso Natural Gas Company	P. O. Box 990 Farmington, NM 87401
If well produces oil or liquids, Unit Sec. Twp. Rgs. qive location of tanzs. P 35 28N 12W	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
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED 100 3 1985
been complied with and that the information given is true and complete to the best of	
my knowledge and belief.	BY
f	X
$\cap \times \cap /$	TITLE SUPERVISOR DISTRICT # 3
$\langle \langle \rangle \rangle \langle h_{G_1} \rangle$	This form is to be filed in compliance with RULE 1104.
J 37 000	If this is a request for allowable for a newly drilled or deepened
(Signaswe) Admin. Supervisor	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE iii.
(Title)	All sections of this form must be filled out completely for silon- able on new and recompleted wells.
1-2-85	Fill out only Sections I. H. III. and VI for changes of owner.
M. T. A. E. I. A. E.	well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply
TAN OF LOUIS	completed wells.

JAN 03 1985

OIL CON. DIV.