STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION			Γ
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FILE	*		_
V.5.0.4.			_
LANG OFFICE			_
TRAMEPORTER	OIL		_
	DAS		
OPERATOR			_
PROBATION OFF	ICE		

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

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

TRANSPORTER OIL			
OPERATOR REQUEST F	REQUEST FOR ALLOWABLE		
PROBATION OFFICE	AND		
I. AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GAS		
Cpereter			
Amoco Production Company			
Address			
501 Airport Drive Farmington, NM 87401			
Reason(s) for liling (Check proper box)	Other (Please explain)		
New Well Change in Transporter of:			
	Dry Gas		
Change in Ownership Casinghood Gas	Condensate		
If change of ownership give name			
and address of previous owner	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
II DESCRIPTION OF WELL AND THACK			
II. DESCRIPTION OF WELL AND LEASE Leese Name Well No. Pool Name, Including			
Heath Gas Com H / Basin Dakota	Lease No.		
Location	State, Federal ar Fee Federal 876337		
1487			
Unit Letter F : 1487 Feet From The North Li	ne andFeet From The		
Line of Section 8 Township 29N Range	7/)		
	7W, NMPM. San Juan County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	LGAS		
Agaress (Give address to which approved copy of this form is to be se			
Permian Corp. Permian (Eff. 9 / 1 /87)	P. O. Box 1702 Farmington, NM 87499		
Name of Authorized Transporter of Casinghedd Gas or Dry Gas El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent)		
	P. O. Box 990 Farmington, NM 87401		
If well produces oil or liquids, Unit Sec. Twp. Rqs.	Is gas actually connected? When		
1 3 29N 9W	1		
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.			
,	a a		
VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION			
I hereby certify that the rules and regulations of the Oil Conservation Division have	1/N 22 100E		
been complied with and that the information given is true and complete to the best of	APPROVED JATE 1305		
my knowledge and belief.	BY harles III		
	DEPUTY OIL & GAS INSPECTOR, DIST. #3		
$O \times C I$	TITLE TITLE TOTAL GOAS MORECTOR, DIST. #3		
15/23haw	This form is to be filed in compliance with RULE 1104.		
(Signature)	If this is a request for allowable for a negly drilled and and		
Admin. Supervisor	The state of the s		
Brin	All sections of this form must be filled out completely for attached		
1-2-85/13 16 16 16 16 16 16 16 16 16 16 16 16 16			
Fill out only Sections I. II. and VI for changes of own well name or number, or transporter, or other such change of conditions.			
	Separate Forms C-104 must be filed for each pool in multiply		
	completed wells.		