

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATION	
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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
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Amoco Production Company

Address
2325 East 30th Street, Farmington NM 87401

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

Pool Name Change
Case #9420 Order # R-8768

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>A.L. Elliott J</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Basin Fruitland Coal Gas</u>	Kind of Lease State, Federal or Fee <u>Fed</u>	Lease No. <u>SF 078132</u>
Location				
Unit Letter <u>P</u> : <u>920</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>East</u>				
Line of Section <u>10</u> Township <u>29N</u> Range <u>9W</u> N.M.P.M. <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Permian Corp.</u>	<u>P.O. Box 1702, Farmington NM 87499</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Co</u>	<u>Caller Service 4990, Farmington NM 87499</u>
If well produces oil or liquids, give location of tanks.	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

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.

K.K. Stratton
(Signature)

Adm. Supervisor
(Title)

1-18-89
(Date)

OIL CONSERVATION DIVISION

JAN 19 1989

APPROVED _____, 19 _____

BY ORIGINAL SIGNED BY ERNIE BUSCH

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3

This form is to be filed in compliance with RULE 1104.

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 RULE 111.

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 multiple completed wells.

All distances must be from the outer boundaries of the Section.

Operator Amoco Production Company			Lease A. L. Elliott J		Well No. #
Unit Letter P	Section 10	Township 29N	Range 9W	County San Juan	

Actual Footage Location of Well:

920 feet from the **South** line and **790** feet from the **East** line

Ground Level Elev. 5857'	Producing Formation Fruitland	Pool Basin Fruitland Coal Gas	Dedicated Acreage 320 9/2	Area
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1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Division.

CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name K. K. Stratton
Position Adm. Supervisor
Company Amoco Production
Date 1-18-89

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Original on File
Date Surveyed 11-19-87
Registered Professional Engineer and/or Land Surveyor

Certificate No.