## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	916			•
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OPERATOR		1		1
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## OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format C6-01-33 Page 1

## REQUEST FOR ALLOWABLE AND

I.	AUTHORIZ.	ATION TO TRA	WSPORT OI	L AND NAT	URAL G	AS			
Amoco Production Company									<del></del>
501 Airport Drive Farmi	ngton, Ni	4 87401							
Rescon(s) for filing (Check proper box)				0.5 (8)		<del> </del>			
New Well	Change in Tr	Qnaporter of:		Other (Pleas	se expiain	,			
Recempletion	O11		Dry Ges						-
Change in Gunership	Casinghe	Gas 🔀	Condensare						
If change of ownership give name and address of previous owner								<del></del>	
II. DESCRIPTION OF WELL AND LE									<del></del>
Lease Name		ol Name, includin			Kind of	Legse			Lease No.
Galligas Canyon Unit	195 B	Basin Dakot	a		State, F	ederal or f	· Jedur	2/2	
Location				····	<del>- '</del>		<u> </u>	4, 9	200084
Unit Letter N: 790	_Feet From Ti	no South	Line and	2310	Feet F	rom The _	West		
Line of Section 33 Township								·	
				, NMPN	u. <u>S</u>	<u>ua</u>	<u> </u>	<del></del>	County
M. DESIGNATION OF TRANSPORT	ER OF OIL	AND NATUR	AL GAS			•			
Permian Corp. Permian (Eff. 9/	or Cande	nsate 🔀	Azaress /	Give address	to which :	sproved co	py of this form	14 10 be	sent,
Name of Authorized Transporter of Casinghe				Box 170					
El Paso Natural Gas Compa		or Dry Gas 🔀	P. O.	Box 990	o which o	mingtor	py of thes form	01	i entj
If well produces oil or liquids. Unit give location of tanks.		29N 120	. 1	ually connect	ed ?	When			
If this production is commingled with the	t fram any oti			ingling order	r number:	<del></del>		······································	
NOTE: Complete Parts IV and V on								<del></del>	
VI. CERTIFICATE OF COMPILANCE				OIL CI	ONSER	VATION	DIVISION.		
haraba sama sha sha mila and samalada	. 63.6		il		1		1 2 2 NA	985	
hereby certify that the rules and regulations of to been complied with and that the information gives	the Oil Conserv	acion Division hav	APPRO	VED	7//	JI		19.	
ny knowledge and belief.		mpiece to the Dest	" BY		Karl	es L		٠,	
/				DEDII	ITV CII 9	CACING	TO TO DIE	4	
$O \land C /$			TITLE	DLIO	III UIL O	OAS 145	PECTOR, DIST.	#3	
(5/25hau)			Thi	s form is to	be filed	in compli	ance with Au	LE 116	1.4
(Signature)		<del></del>	. If th	ula la a requ	est for a	Howebla /		است ۱۱۱	
Admin. Supervisor				is totth midst	OW ACCO	mnanies a	y a tabulation with RULE I	~ ~	deviation
(Tule)		<del></del>					Tiled out comp		ina alla
1-2-85			-0.4 00	nem Tug Lec	ompleted	wells.	and and the second	<del>.</del>	or Ellow
(Date)		<del> </del>		out only 3	M:12		nd mor di	Herr	al awner.
			11	rate Forms	Afor :	ust be (	led for each	ol it	constition.

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