## STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

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U.S.G.4.		1	
LANG OFFICE		1	
TRAMEPORTER	GIL.		
	BAD		
OPERATOR			
PROBATION GPFICE			

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

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

REQUEST FOR ALLOWABLE

	ND		
I. AUTHORIZATION TO TRANS	PURTUIL AND NATURA	AL GAS	
Amoco Production Company			
Address			
501 Airport Drive Farmington, NM 87401			
Reason(s) for filing (Check proper box)	Other (Please ex	(plain)	<del></del>
New Well Change in Transporter of:		•	
Recompletion Oil O	ry Gas		
Change in Ownership Casinghead Gas 🔀 C	andensate		
If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AND LEASE			
Lagse Name Well No. Pool Name, Including F	armation Ki	nd of Lease	Legse No.
Gallegos Canyon Unit 966 Basin Dakota	Ste	ate, Federal or Fee Federal	9200084
Unit Letter B: 940 Feet From The North Lin			720067
		ter rom the	
Line of Section 18 Township 29N Range	12W , NMPM,	San Juan	County
THE DESIGNATION OF THE AMERICAN			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Oil or Condensate	GAS		
Permian Corp.	P. O. Box 1702	hich approved copy of this form is to Farmington, NM 87499	be sent)
Name of Authorized Transporter of Changalide Col 1 87 pr Dry Gas	7	hich approved copy of this form is to	
El Paso Natural Gas Company		Farmington, NM 87401	de sentj
if well produces all or liquids, Unit Sec. Twp. Rgs.	Is gas actually connected?	When	
give location of tanks. B 18 29N 12W		t	
f this production is commingled with that from any other lesse or pool,	rive commingling order nur	mher:	
NOTE: Complete Parts IV and V on reverse side if necessary.		-	
7, CERTIFICATE OF COMPLIANCE	OIL CON	SERVATION DIVISION	
		JAN 29	1005
hereby certify that the rules and regulations of the Oil Conservation Division have een complied with and that the information given is true and complete to the best of	APPROVED	7	*1 <u>202</u>
ny knowledge and belief.	8Y	(	
. /	7209	the some	<del></del>
$O \times C /$	TITLE DEPUTY G	IL & GAS INSPECTOR, DIST. #3	
(5/25han)	This form is to be	filed in compliance with AULE	
(Signature)	If this is a request	for allowable for a newly dellad	
Admin. Supervisor	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111.		
1-2-85	All sections of this form must be filled out completely for silow- able on new and recompleted wells.		
(Date)	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 multiply completed wells.		

1155 JAN 16 1985