## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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SAMPA FE			
FILE			-
U.S.G.A.			
LANG OFFICE			
TRANSPORTER	016		
	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 Rage 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator				
Amoco Production Company	DECEIAFIU			
Address				
Sol Airport Drive Farmington, NM 87401 Recton(s) for filing (Check proper box)	JAN 2 2 1985			
1 n n n n n n n n n n n n n n n n n n n	Other (Please explain)			
Remodelice	OIL CON. DIV.			
Change to Changeship	Ory Gas Condensate DIST. 3			
If change of ownership give name and address of previous owner				
II. DESCRIPTION OF WELL AND LEASE	•			
Duff Gas Com C / Basin Dakota	ormation Kind of Lease No.			
Location / Dastit Dakuta	State, Federal or Fee Fee			
Unit Leiter M : 925 Feet From The SOUTH Lines 950				
Unit Letter M: 925 Feet From The South Line and 950 Feet From The West				
Line of Section 27 Township 30N Range /	20 , NMPM, SON JUON COUNTY			
Caunty				
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name at Authorized Transporter of OIL  or Condensate   or Condensate				
Permian Corp. Permian (Eff. 9/1/87)	Address (Give address to which approved copy of this form is to be sent)			
Total 1702 I de miligion, mil 07477				
El Paso Natural Gas Company	P. O. Box 990 Farmington, NM 87401			
If well produces oil or liquids. Unit   Sec.   Twp.   Rgs.   Is gas actually connected?   When				
give location of idaza. M 27 30N /2W				
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				
(herby respirators to the set of				
been complied with and that the information given is true and complete to the heat of				
my knowledge and belief.	BY harles That			
	DEPUTY OIL & GAS INSPECTOR, DIST. #3			
$R \wedge C_{h}$				
DD Shaw	This form is to be filed in compliance with RULE 1104,			
(Signature) Admin. Supervisor	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 !!!.			
(Tule) 1-2-85	All sections of this form must be filled out completely for sllow- sbie 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.			
<u> </u>	Separate Forms C-104 must be filed for each pool in multiply completed wells.			