STATE OF NEW MEXICO

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OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

Control Control	TO TRANSPORT OIL AND NATURAL GAS
Amoco Production Company	
501 Airport Drive D	
501 Airport Drive Farmington, NM 874	401
New Watt	Other (Please explain) JAM22 1987
Recompletion Change in Transporter	w of:
Change in Ownership Casinghead Gas	Dry Gaa
I change of ownership give name	Condensate
and address of previous owner	
I. DESCRIPTION OF WELL AND LEASE	
7 Rasin F	Dolean -
	State, Federal or Fee
Unit Latter H : 1800 Feet From The Above	rth Line and 990 Feet From The East
Total The 1007	The Line and 990 Feet From The Fort
	*
L DESIGNATION OF TRANSPORTER OF OIL AND N.	JATTIDAL CAC
	Address (Give address
ame of Authorized Trees	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1702 Farmington, NM 87499
El Paso Natural Gas Company	Address (Give address to Address (Give address to Address (Give address to Ad
	P. O. Box 990 Farmington, NM 87401
- recurrent of falls.	Re. Is das detugily epinecies?
H 27 201	1. 0.
his production is commingled with that from any other lease of	or gool, give committee
TE: Complete Parts IV and V on reverse side if necessar	good Comminging order number:
CERTIFICATION -	ry.
CERTIFICATE OF COMPLIANCE	OIL CONDER
eby certify that the rules and regulations of the Oil Conservation Division complied with and that the information given is reposed.	OIL CONSERVATION DIVISION
complied with and that the information given is true and complete to the information given is true and complete to the	APPROVED AAN 22 1985
movieuge and belief.	
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	il de la completa del la completa de la completa del la completa de la completa del la completa de la completa del la comp
(Signature) Admin. Supervisor	If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tellulation of the second tellulation o
	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE [11].
1-2-85	Ail sections of the c
	able on new and recomplated wells.
(Date)	Fill out only Sections I. II. III, and VI for changes of owner well name or number, or transporter or other
	Separate Forms Calou
	completed wells.