## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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LANG OFFICE			_	
TRANSPORTER	OIL			
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OPERATOR		Ī		
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 Page 1

REQUEST FOR ALLOWABLE
AND

	AND		
I.	SPORT OIL AND NATURAL GAS		
Operator			
Amoco Production Company			
Address			
501 Airport Drive Farmington, NM 87401			
Restan(s) for liling (Check proper box)	Other (Please explain)		
New Well Change in Transporter of:			
Recompletion Oil	kry Gas		
Change in Ownership Casinghead Gas	Condensate		
If the sea of company him sing comp			
If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AND LEASE			
Lease Name   Well No.   Pool Name, Including F	ormation Kind of Lease Lease No.		
L.C. Kally 3 Basin Dakota-	Flora Vista GLP State, Federal or Fee Federal SF 081239		
Location	<u> </u>		
Unit Letter F : 1850 Feet From The North Lin	ne and 1500 Feet From The West		
Line of Section 4 Township 30 N Range /	2W, NMPM, San Juan County		
THE WATER CO. C.			
MI. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS		
	Address (Give address to which approved copy of this form is to be sent)		
1 1000 1000	P. O. Box 1702 Farmington, NM 87499		
Name of Authorized Transporter of Castinghead Gas ar Dry Gas El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent)		
	P. O. Box 990 Farmington, NM 87401		
If well preduces oil or liquids. Unit Sec. Twp. Age.	Is gas actually connected? When		
give location of idnes. F 4 30N 12W	į .		
If this production is commanded with that from any other lease or pool,	give commingting order number: R-4335		
NOTE: Complete Parts IV and V on reverse side if necessary.	inglid		
the complete transfer and the conference state if necessary.			
VI. CERTIFICATE OF COMPLIANCE	CIL CONSERVATION DIVISION _		
	01AN 25 1985		
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	APPROVED APPROVED		
my knowiedge and belief.	By Charles Linds		
<b>,</b>			
$\circ$	TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3		
$\langle \langle \langle \rangle \rangle \rangle$	·-		
DDSMan	This form is to be filed in compliance with RULE 1104.		
Signature)  If this is a request for allowable for a newly drilled or well, this form must be accompanied by a tabulation of the			
Admin. Supervisor	tests taken on the well in accordance with sulf iii,		
All sections of this form must be filled out completely for sile			
1-2-85 able on new and recompleted wells.			
(Date)  Fill out only Sections I. II. III, and VI for changes of well name or number, or transporter, or other such change of co			
A 1/2 5 1/2	Separate Forms C-104 must be flied for each and in		