## STATE OF NEW MEXICO ENERGY NO MINERALS DEPARTMENT

		7	
DISTRIBUT	0=	<del>†</del> -	γ—
SANTA FE		+	+
FILE		+-	+-
U.S.G.A.		+	+
LANG OFFICE		+-	<del>-</del> -
TRANSPORTER	OIL	_	
	BAB	1-	
OPERATOR			
PROBATION OFFICE			$\vdash$

## OIL CONSERVATION DIVISION P. O. 80 X 2088 SANTA FE, NEW MEXICO 87501

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL CAL

I. Operator	AUTHORIZATION TO TR	AND ANSPORT OIL	AND NATURAL GAS		
Amoco Production Company				DEAD	
501 Airport Drive Farmi Recson(s) for filing (Check proper bax)	ngton, NM 87401			DECE	
New Wati Recompletion Change in Ownership	Change in Transporter of: Oil Casingheed Gas	Dry Gas	ther (Please explain)	JAN22	19 IV
Change of ownership give name nd address of previous owner		Condensate		Fr. Same	3
I. DESCRIPTION OF WELL AND LE	ASE				
Federal Gas Com H	Well No.   Pool Name, Includir   Basin Dakot	ng Formation	Kind of Leas State, Feder	al or fee Ju	Lease St
Unit Letter C : 790	Feet From The North	Line and 1775	~		
Line of Section 3/ Township	20. /	12W	<del></del>	The West	
I. DESIGNATION OF TRANSPORT			, NMPM, 500	lian	Count
		AL GAS	a addrag		
Permian Corp. Zermian Eff.	9/1/8/)	1 - 1 0 5	e address to which appro OX 1702 Farmin	<b>gton.</b> NM 8749	Q
El Paso Natural Gas Compan	d Gas Or Dry Gas X	P. O. B	e address to which approv	ved copy of this form is	10 ha casal
well produces oil or liquids. Unit	Sec. Twp. Age.	is gas actuali	or 550 raimin	gron, NM 8740	1
his production is commingled with that			 		
OTE: Complete Parts [V and V on re	everse side if necessary	i, give comming	ling order number:		
CERTIFICATE OF COMPLIANCE	incressiony.	il	<b>3</b> 4. <b>5</b> 5.		
reby certify that the oiles and completions of t	<b>A</b> 11 <b>A</b>		OIL CONSERVAT	<b>-</b>	
reby certify that the rules and regulations of th complied with and that the information given knowledge and belief.	e Oil Conservation Division have is true and complete to the best o	APPROVE	D	AN 25 1985	. 19
-3 /		BY	- Chape	les IIII	
$Q \lambda C /$		TITLE_	DEPUTY GIL a	GAS INSPECTAL OF	
SDShaw		This fo	rm is to be filed in co	mallages	<del>)   </del>
(Signature) Admin. Supervisor		well, this fo	s a request for allowarm must be accompanion the well in accord.	ble for a newly drille	rd or deepens
1-2-85		All sect	tions of this form must and recompleted well	be filled out comple	tely (or silow
(Date)		Fill out well name or	only Sections I. II. number, or transporter.	III. and VI for change	ges of owner
		Separate completed we		e flind to	. or condition