

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATION              |     |
| PRODUCTION 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  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
AMOCO PRODUCTION COMPANY

Address  
P. O. Box 606, Clayton, NM 88415

Reason(s) for filing (Check proper box)

|                                              |                                         |                                     |
|----------------------------------------------|-----------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> New Well | Change in Transporter of:               | Other (Please explain)              |
| <input type="checkbox"/> Recompletion        | <input type="checkbox"/> Oil            | <input type="checkbox"/> Dry Gas    |
| <input type="checkbox"/> Change in Ownership | <input type="checkbox"/> Casinghead Gas | <input type="checkbox"/> Condensate |

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

|                                                                                                                          |                         |                                                    |                                        |           |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------|----------------------------------------|-----------|
| Lease Number<br><u>BDCDGU Well 1834</u>                                                                                  | Well No.<br><u>111G</u> | Pool Name, including Formation<br><u>Und. Tubb</u> | Kind of Lease<br>State, Federal or Fee | Lease No. |
| Location<br>Unit Letter <u>G</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> |                         |                                                    |                                        |           |
| Line of Section <u>11</u> Township <u>18N</u> Range <u>34E</u> , NMPLM, <u>Union</u> County                              |                         |                                                    |                                        |           |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                          |                                                                          |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>                    | Address (Give address to which approved copy of this form is to be sent) |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| <u>AMOCO PRODUCTION COMPANY</u>                                                                                          | <u>P. O. Box 606, Clayton, NM 88415</u>                                  |
| If well produces oil or liquids, give location of tanks.                                                                 | Is gas actually connected? When                                          |
|                                                                                                                          | Yes 1-26-85                                                              |

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

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 my knowledge and belief.

John S. McElroy  
(Signature)  
Assistant Administrative Analyst  
(Title)  
3-13-85  
(Date)

OIL CONSERVATION DIVISION

APPROVED 3-22, 19 85

BY [Signature]

TITLE DISTRICT SUPERVISOR

This form is to be filled in compliance with RULE 1104.

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 route taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

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 filed for each pool in multiply completed wells.

