STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTI	0N		
SANTA FE		Γ	Ţ
FILE			Г
V.8.6.4.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OF	ICE		

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

-

j

Form C-104 Revised 10-01-78 Format 05-01-83 Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I			
Amoco Production Company			
Address P.O. Box 68, Hobbs, New Mexico 88240			
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well Change in Transporter of:			
Recompletion X Oil	Dry Gas		
Change in Ownership Casinghead Gas	Condensate		
If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AND LEASE	A-8461 - 1-1-87 Legan No.		
Less Name STATE HO 6 Jindes Aires	1 - 367/		
	Sidie, rederal or ree		
Location Utrating Utrating Utrating South			
Line of Section - 26 Township 185 Range	• 34E , NMPM, Lea County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATU Name of Authorized Transporter of Oil A or Condensate	URAL GAS Address (Give address to which approved copy of this form is to be sent) P.O. Box 2256, Wichita, Kansas 67201		
Name of Authorized Transporter of Casinghead Gas A at Dry Gas (
Warren Petroleum Co.	P.O. Box 1589, Tulsa, Oklahoma 74102		
If well produces oil or liquids. give location of tanks. K 26 18 34			
If this production is commingled with that from any other lease or p NOTE: Complete Parts IV and V on reverse side if necessary.	pool, give commingling order number:		
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION		
I hereby certify that the rules and regulations of the Oil Conservation Division been complied with and that the information given is true and complete to the be my knowledge and belief.			
Filed by Mesa Operating Limited Partnersh: as agent for Amoro Production Co.	TITLE DISTRICT I SUPERVISOR		
	This form is to be filed in compliance with RULE 1104.		
(Attelin (Un mingo (Signature)	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 AULS 111.		
Regulatory Analyst (Tule) March 5, 1987	All sections of this form must be filled out completely for allow- able 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.		

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.