

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

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

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

**RECEIVED**  
OCT 09 1987  
OIL CON. DIV.  
DIST. 3

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator **UNION PACIFIC RESOURCES COMPANY**

Address **Post Office Box 1317, Wilmington, California 90748-1317**

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)  
**Name change of operator from Champlin Petroleum Company**

If change of ownership give name and address of previous owner N/A

II. DESCRIPTION OF WELL AND LEASE

Lease Name **Federal 24-11** Well No. **1** Pool Name, including Formation **Undesignated - Mancos** Kind of Lease **Federal** Lease No. **NM39532**

Location

Unit Letter **N** : **930** Feet From The **South** Line and **1980** Feet From The **West** Line

Line of Section **11** Township **20N** Range **3W** , NMPM, **Sandoval** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Permian</b>	<b>Post Office Box 1702, Farmington, New Mexico 87401</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>N/A</b>	
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <b>N</b> Sec. <b>11</b> Twp. <b>20N</b> Rge. <b>3W</b>	<b>No</b>

If this production is commingled with that from any other lease or pool, give commingling order number: N/A

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.

*R. E. Wood*

**R. E. Wood** (Signature)  
**Petroleum Engineer** (Title)

**10/7/87**

(Date)

OIL CONSERVATION DIVISION

APPROVED *Frank J. Davis* 19 87  
BY *Frank J. Davis*  
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed 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 tests 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.