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U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
REGISTRATION 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

Operator

Union Texas Petroleum Corporation

Address

P. O. Box 1290, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

☐ New Well
☐ Recombination
☐ Change in Ownership
Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☒ Condensate

Other (Please specify)

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name: Jicarilla "G" Well No.: 5 Pool Name, including Formation: Blanco Mesaverde Kind of Lease: Federal Jic.Con. Lease No.: 150
Location: Unit Letter: L : 1450 Feet From The South Line and 1115 Feet From The West
Line of Section: 12 Township: 26N Range: 5W, NMPM, Rio Arriba County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Conoco, Inc. Surface Transportation Address (Give address to which approved copy of this form is to be sent) P. O. Box 1429, Bloomfield, N.M. 87413
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Gas Company of New Mexico Address (Give address to which approved copy of this form is to be sent) P. O. Box 26400, Albuquerque, N.M. 87125
Well produces oil or liquids, or location of tanks. Unit: L Sec.: 12 Twp.: 26N Rge.: 5W Is gas actually connected? Yes When

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.

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.

Kenneth E. Roddy (Signature)
Area Production Superintendent

4/26/85

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED APR 29 1985

BY Frank J. [Signature]

TITLE SUPERVISOR DISTRICT 7

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the deviatric 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 filled for each pool in multiple completed wells.