STATE OF NEW MEXICO NEST WO MINERALS DEPARTMENT

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| Aug Laboration | | | | |
|--|--|--|--|--|
| Union Texas Petroleum Corporation | | | | |
| D O Day 1200 Farmington No. M : 07400 | 828. 478. 489. de man | | | |
| P. O. Box 1290, Farmington, New Mexico 87499 | | | | |
| New Well Change in Transporter of: | Other (Please estata) | | | |
| Recompletion QUI | APR 2 6 1935 | | | |
| Crempo in Ownership Caninghood Cas X C | OIL COM. DIV. | | | |
| thenge of ownership give name seddress of previous owner | DIST. 3 | | | |
| DESCRIPTION OF WELL AND LEASE | | | | |
| Jicarilla "G" Well No. Pool Name, Including F | leueral Lease Ne. | | | |
| CICATITIA G TO BIANCO MESAVE | erde Stone, Federal or Fee Jic.Con. 150 | | | |
| Unit Letter B : 990 Feet From The North | 1685 Feet From The East | | | |
| Line of Section 12 Township 26N Range | 5W , NMPM. Rio Arriba County | | | |
| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | | | |
| or Condensate | Address (Give address to which approved copy of this form is to be sens) | | | |
| Conoco, Inc. Surface Transportation of Authorized Transporter of Casingheda Cas or Dry Gas XX | P. O. Box 1429, Bloomfield, N.M. 87413 Address (Give address to watch approved copy of tall form is to be sent) | | | |
| Gas Company of New Mexico | P. O. Box 26400, Albuquerque, N.M. 87125. | | | |
| Well produces oil or liquids, Unit , Sec. Twp. Rgs. - location of tanks. B 12 26N 5W | 1s gas actually connected? When | | | |
| nis production is commingled with that from any other lease or pool, | give commingling order number: | | | |
| TE: Complete Parts IV and V on reverse side if necessary. | | | | |
| CERTIFICATE OF COMPLIANCE | OIL CONSERVATION DIVISION | | | |
| reby certify that the rules and regulations of the Oil Conservation Division have | | | | |
| complied with and that the information given is true and complete to the best of chowledge and belief. | | | | |
| | TITLE SUPERVISOR STRICT OF A | | | |
| for the fall | This form is to be filed in compliance with RULE 1104. | | | |
| Kenneth E. Roddy Signers | If this is a request for allowable for a newly drilled as deceased | | | |
| Area Production Superintendent | well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. | | | |
| 4/26/85 | All sections of this form must be filled out completely for allowable on new and recompleted wells. | | | |
| (Date) | Fill out only Sections I. H. 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.