

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

RECEIVED  
MAR 12 1986  
OIL CON. DIV.  
DIST. 3

I. Operator  
UNION OIL COMPANY OF CALIFORNIA

Address  
P. O. BOX 2620 - CASPER, WYOMING 82602-2620

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name and address of previous owner EL PASO NATURAL GAS CO. - BOX 990 - FARMINGTON, NM 87401

II. DESCRIPTION OF WELL AND LEASE

Lease Name Johnston A	Well No. 14	Pool Name, including Formation Otero-Chacra	Kind of Lease State, Federal or Fee	State E	Lease No. 291-35
Location Unit Letter M : 1090 Feet From The South Line and 990 Feet From The West Line of Section 36 Township 26N Range 6W, NMPM, Rio Arriba County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS


Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <del>EL PASO NATURAL GAS CO.</del>	Address (Give address to which approved copy of this form is to be sent) BOX 990 - FARMINGTON, NM 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> EL PASO NATURAL GAS CO.	Address (Give address to which approved copy of this form is to be sent) BOX 990 - FARMINGTON, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 36	Twp. 26N	Range 6W	Is gas actually connected? Yes	When

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

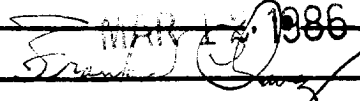
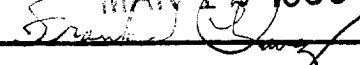
NOTE: Complete Parts IV and V on reverse side if necessary.

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.

  
(Signature)  
DISTRICT PRODUCTION SUPERINTENDENT  
(Title)  
MAY 1 1986  
(Date)

OIL CONSERVATION DIVISION

APPROVED   
BY   
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 deviated 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.