STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

Victoria ow.

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DISTRIBUT	04		Ι
BANTA FE			Г
FILE			
U.S.Q.A.			
LAND OFFICE			
TRANSPORTER	OIL		
	G AS		
OPERATOR			
PROBATION OF	ICE		

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

I.	JTHORIZATION TO TRANSI	PORT OIL AND NATU	RAL GAS		
UNION OIL COMPANY OF CAL	_IFORNIA				
	PER, WYOMING 82602				
Reeson(s) for filing (Check proper box) New Well Ch	enge in Transporter of:	Other (Please	t explain)		
Recompletion	₹ —	ry Gas			
Y Change in Ownership	Casinghead Gas Co	ondensate			
If change of ownership give name EL PAS and address of previous owner.	O NATURAL GAS CO.	- BOX 990 - FAR	MINGTON, NM 8	7401	
II. DESCRIPTION OF WELL AND LEAS	E				
Lease Name	ell No. Pool Name, including Fo		Kind of Lease	Fed	Lease No.
Location	9 Blanco S-PO	J	State, Federal or Fee	SF	079298-
1	eet From TheSouth_Lin	e and1645	Feet From The	East	
	27N Bases	757	Dia Assista		
Line of Section 24 Township	27N Range		· Rio Arriba	<u> </u>	County
III. DESIGNATION OF TRANSPORTER	OF OIL AND NATURAL	GAS Address (Give address	to which appeared copy	of this fact is to	ho 2004
Name of Authorized Transporter of CII	or Condensate K.A	BOX 990 - FARM			, se sent/
Name of Authorized Transporter of Casinghead	Gas or Dry Gas 📉	Address (Give address			be sent)
EL PASO NATURAL GAS CO.		BOX 990 - FARM		401	
if well produces oil or liquids, give location of tanks. J	Sec. Twp. Rge.	Yes	ed? When		
If this production is commingied with that for	rom any other lease or pool,	give commingling order	number:		
NOTE: Complete Parts IV and V on rev	verse side if necessary.				
VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION			
I hereby certify that the rules and regulations of the Oil Conservation Division have		APPROVED		APR A9	1986
been complied with and that the information given is my knowledge and belief.	true and complete to the best of		5 1	707	·10 00
my anowieuge and benefit.		BY	Sup	ERVISOR DISTRIP	T 20 3
	7	TITLE) 78 0
	<u>'</u>	I -	be filed in complian seat for allowable for		
(Signature)		well, this form must	be accompanied by well in accordance w	a tabulation of	the deviation
DISTRICT PRODUCTION SUPER		All sections of	this form must be fill		
Prints (fife 47)	U 9 (1988)	able on new and rec	completed wells. ections I, II, III, an	d VI for chans	res of owner
W. E.W		well name or number	, or transporter, or oth	er such change	of condition.
AFR 0 9 1986		Separate Forms completed wells.	C-104 must be file	d for each poo	ol in multiply
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