STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

	T	
DISTRIBUTION		
SANTA FE		
FILE		
V.3.0.8.		
LAND OFFICE		
TRAMSPORTER OIL		
GAS		
OPERATOR "		
PROBATION 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



Separate Forms C-104 must be filed for each peel in multiply

REQUEST FOR ALLOWABLE AND

I. AUTHORIZATION TO TRANS	PORT OIL AND NATURAL GASO/L CON DIV		
UNION OIL COMPANY OF CALIFORNIA	DIST. 3		
Address			
P. O. BOX 2620 - CASPER, WYOMING 82602	-2620		
Reesen(s) for filing (Check proper box)	Other (Please explain)		
New Well Change in Transporter of:			
Percention (II) OII	ry Ges		
Y Change in Ownership Casinghead Gas C	ondensate		
If change of ownership give name EL PASO NATURAL GAS CO.	- BOX 990 - FARMINGTON, NM 87401		
II. DESCRIPTION OF WELL AND LEASE			
Lease Name Well No. Pool Name, including F	ormation Kind of Lease State Lease No.		
Johnston A 13 Basin Dakota	State, Federal or Fee E 290-28		
Location			
Unit Letter G : 1840 Feet From The North Line and 1650 Feet From The East			
Line of Section 36 Township 27N Range	6W , NMPM. Rio Arriba County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil or Condensate	Address (Give address to which approved copy of this form is to be sent)		
EL PASO NATURAL GAS CO.	BOX 990 - FARMINGTON, NM 87401		
Name of Authorized Transporter of Casinghead Gas ar Dry Gas	Address (Give address to which approved copy of this form is to be sent)		
EL PASO NATURAL GAS CO.	BOX 990 - FARMINGTON, NM 87401		
If well produces oil or liquids, G 36 27N 6W	Is gas actually connected? When Yes		
If this production is commingled with that from any other lease or pool,	sive communities order number:		
NOTE: Complete Parts IV and V on reverse side if necessary.			
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION O 1006		
,	MAR' 1 2 1986		
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	APPROVED (1)9		
my knowledge and belief.	BY		
	TITLE SUPERVISOR DISTRICT THE		
222	This form is to be filed in compliance with RULE 1104.		
(Signature) DISTRICT PRODUCTION SUPERINTENDENT	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 AULE 111.		
(Title) MAY 1 1986 All sections of this form must be filled out completely fable on new and recompleted wells.			
(Dece)	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.		

completed wells.