

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATOR	
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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
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Union Texas Petroleum Corporation</u>	
Address <u>P. O. Box 1290, Farmington, New Mexico 87499</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate

If change of ownership give name
and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Newsom "A"</u>	Well No. <u>3</u>	Pool Name, including Formation <u>Undesignated Gallup</u>	Kind of Lease State, Federal or Fee <u>Fed. SF</u>	Lease No. <u>078430</u>
Location				
Unit Letter <u>M</u>	<u>935</u> Feet From The <u>South</u>	Line and <u>1190</u> Feet From The <u>West</u>		
Line of Section <u>8 4</u>	Township <u>26N</u>	Range <u>8W</u>	NMPM, <u>San Juan</u>	County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Gary Energy Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 489, Bloomfield, N.M. 87413</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 990, Farmington, N.M. 87499</u>
If well produces oil or liquids, give location of tanks.	Unit <u>M</u> Sec. <u>3</u> Twp. <u>26N</u> Rge. <u>8W</u>
	Is gas actually connected? <u>Yes</u> 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.

III. CERTIFICATE OF COMPLIANCE

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
Kenneth E. Roddy (Signature)
Area Production Superintendent

10/2/84

(Title)

(Date)

OIL CONSERVATION DIVISION

NOV 01 1984

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 deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowance 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.

RECEIVED
OCT 10 1984
OIL CON. DIV.
DIST. 3