## STATE OF NEW MEXICO THENTRALS 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 CIL AND NATURAL GAS

Operanded .			
Union Texas Petroleum Corporation			
Márues			
P. O. Box 1290, Farmington, New Mexico 87499  Toesam(s) for filing (Check proper box)			
New Well Change in Transporter of:			
	ry Gas		
Crempo in Oursership Cominghood Gas 📈 C	undens ere		
Change of ownership give name			
nd address of previous owner			
. DESCRIPTION OF WELL AND LEASE			
Well No. Pool Name, Including F.	creation   Kind of Lease   Lease No.		
Newsom "B" 13 Basin Dakota			
potention			
Unit Letter L : 1755 Feet From The South Lin	e and 965 Feet From Time West		
11-2(5-11-9 Township 26N B 8	str.		
Line of Section 9 Township ZON Range C	SW , NMPM, San Juan County		
IL DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS		
one of Authorized Trensporter of Cil or Condensate X Authorized Give address to which approved copy of this form is to be sent)			
Gary Energy Corporation (P. O. Box 489, Bloomfield, N.M. 87413			
Name of Authorized Transporter of Castrophean Gas at Dry Gas X	Address (Give address to which approved copy of this form is to be sent)		
El Paso Natural Gas Company P. O. Box 990, Farmington, N.M. 87499			
it well produces oil or liquids.  L 9 26N 8W	Yes		
this production is commingled with that from any other lease or pool,	give commingling order number:		
OTE: Complete Parts IV and V on reverse side if necessary.			
OIL: Complete Farts IV and V on reverse side if necessary.			
. CERTIFICATE OF COMPILANCE OIL CONSERVATION DIVISION			
hereby certify that the rules and regulations of the Oil Conservation Division have			
ren complied with and that the information given is true and complete to the best of			
y and select.	SEPERVISOR DISTRICT # 3		
	TITLE		
Longett Colle	This form is to be filed in compliance with RULE 1104.		
If this is a request for allowable for a newly drilled or despen			
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.		
(Title)  All sections of this form must be filled out completely for all			
10/2/84 shie on new and recompleted wells.  Fill out only Sections 1 H III. and VI for changes of owner,			
well name or number, programme distribution of the programme of condition			
	Separate Forms 1004 must be Medical seria food in multiply completed wells.		
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OIL CON. DIV.