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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 | | | |
|--|---|--------------|---|
| Union Texas Petroleum Corporation | | | |
| P. O. Box 1290, Farmington, New Mexico 87499 | | | |
| Reeson(s) for filing (Check proper box) | 10:1 | | |
| New Well Change in Transporter of: | Other (Please explain) | | |
| | ry Cos | | |
| Change in Ownership Coaingheed Gas A Condensate | | | |
| Change of ownership give name | | | |
| nd address of previous owner | | | |
| I. DESCRIPTION OF WELL AND LEASE | | | |
| Lease Name Well No. Pool Name, Including F | ormation Kind of Lease Lease No. | | |
| Newsom "A" 6 Basin Dakota | State, Federal or Fee Fed. SF 078430 | | |
| Location 1745 Countly | 1405 | | |
| Unit Letter J : 1745 Feet From The South Line and 1485 Feet From The East | | | |
| Line of Section 15 Township 26N Range | 8W , NMPM. San Juan County | | |
| T DESCRIPTION OF THE AVERAGE AND AVERAGE A | | | |
| II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Number of Authorized Transporter of Cill or Condensate (T) | Address (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 Casinghead Gas at Dry Gas 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 | | | |
| If well produces oil or liquids, give location of tanks. J 15 26N 8W | Yes | | |
| 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. | | | |
| . CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION | | | |
| MOV 01 100% | | | |
| hereby certify that the rules and regulations of the Oil Conservation Division have een complied with and that the information given is true and complete to the best of | | | |
| by knowledge and belief. | | | |
| | TITLE SO ERVISOR DISTRICT # 3 | | |
| L UC VII | This form is to be filed in compliance with RULE 1104. | | |
| Menneth Z. Lorldy | If this is a request for allowable for a newly drilled or despensed | | |
| Kenneth E. Roddy (Signature) | well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. | | |
| Area Production Superintendent | All sections of this form must be filled out completely for allow- | | |
| | able on new and recompleted wells. | | |
| (Date) Well name or number, or transporter, or other such change of cond | | | |
| | | OCT 10 is sa | Separate Forms C-104 must be filed for each pool in multiply combleted wells. |
| OIL CON. DIV. | | | |
| or con. Di | | | |
| Dist. 3 | | | |
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