STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION P. O. BOX 2088

Form C.104 Revised 10-01-78 Format 06-01-83

SANTA FE. NEW MEXICO 87501



REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GENTLE CONT Operator UNION OIL COMPANY OF CALIFORNIA P. O. BOX 2620 - CASPER, WYOMING 82602-2620 Reesen(s) for filing (Check proper box) Other (Please explain) New Yell Change in Transporter of: OIL Recommission Dry Gas Change in Ownership Casinahead Gas Condensate If change of ownership give name EL PASO NATURAL GAS CO. - BOX 990 - FARMINGTON, NM 87401 and address of previous owner. II. DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, including Formation Leese Name Kind of Lease Lease No. Day 'B' 3 Basin Dakota State, Federal or Fee Fed. SF 078571 Location 801. Feet From The North Line and 1190 _ Feet From The 07 Township 27N 8W Line of Section Range NMPM. San Juan County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cil or Condensate Aggrees (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 or Dry Gas AN Address (Give address to which approved copy of this form is to be sent) EL PASO NATURAL GAS CO. BOX 990 - FARMINGTON, NM 87401 Sec. Twp. Is gas actually connected? Unit Rge. If well produces oil or liquids, give location of tanks. 27N 8W Α If this production is commingled with that from any other lease or pool, give commingling order number:

VI. CERTIFICATE OF COMPLIANCE

I 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.

NOTE: Complete Parts IV and V on reverse side if necessary.

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(Signalure)					
DISTRICT PRODUCTION SUPERINTENDENT					
(Title) MAY 1 1986					

(Date)

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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 despense well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111.

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