

NO. OF LINES REQUIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2083
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

Address

P. O. Box 1290, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casingshead Gas	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion		<input checked="" type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership		

Other (Please Print)

RECEIVED
MAY 07 1985
OIL CON. DIV.
DIST. 3

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name Nickson	Well No. 9-E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal SF	Lease No. 078430
Location Unit Letter <u>H</u> ; <u>1780</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u> Line of Section <u>14</u> Township <u>26N</u> Range <u>8W</u> , NMPM, San Juan County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Conoco, Inc. Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1429, Bloomfield, N.M. 87413					
Name of Authorized Transporter of Casingshead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4990, Farmington, N.M. 87499					
Well produces oil or liquids, or location of tanks.	Unit H	Sec. 14	Twp. 26N	Rge. 8W	Is gas actually connected? Yes	When

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

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.

Barbara Norman
Barbara Norman (Signature)
Production Technician
(Title)
5/6/85
(Date)

OIL CONSERVATION DIVISION

APPROVED

MAY 07 1985

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 allowable on new and recompleted wells.

Fill out only Sections I, II, III, and IV 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.