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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

Union Texas Petroleum Corporation			
P. O. Box 1290, Farmington, New Mexico 87499			
oeson(s) for filing (Check proper box)  Other (Please explain)			
Now Woll Champo in Transporter of:	y Cas		
5	andensette		
cheage of ownership give name d address of previous owner			
DESCRIPTION OF WELL AND LEASE			
Newsom "B"    Well No.   Pool Name, Including F	State, Federal or Fee Fed. SF 078433		
Unit Letter P: 880 Feet From The South Line and 975 Feet From The East			
	•		
Line of Section 7 Township 26N Range 8	W , NMPM, San Juan County		
I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
one of Authorized Transporter of CII or Condensate ( Accress (Give address to which approved copy of this form is to be sent)			
Gary Energy Corporation ()  and of Authorized Transporter of Cosingness Cos  or Dry Cos ()	P. O. Box 489, Bloomfield, N.M. 87413		
El Paso Natural Gas Company P. O. Box 990, Farmington, N.M. 87499			
well produces oil or liquids.  P 1 7 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.			
CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION			
MOD Ot to			
enceby certify that the rules and regulations of the Oil Conservation Division have en complied with and that the information given is true and complete to the best of the be			
	Augon Digital # 3		
1/ / / /	TITLE SUR RVISOR DISTRICT 第 3		
Kenneth E. Koddy	This form is to be filed in compliance with RULE 1104.		
Kenneth E. Roddy (Signature)  Area Production Superintendent  If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
(Tule)  All sections of this form must be filled out completely for allowable on new and recommisted wells.			
10/2/84 (Date)	Fill out only Sections Dr. Et. Ind Villa Care if owner, well name or number, or transporter the such the condition.		
-	Separate Forms C-104 instat be filed for each podd multiply completed wells.		

OIL CON. DIV. DIST. 3

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