

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| OPERATION OFFICE       |     |

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

**RECEIVED**  
MAR 12 1986  
OIL CON. DIV. /  
DIST. 3

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**I.**

Operator  
UNION OIL COMPANY OF CALIFORNIA

Address  
P. O. BOX 2620 - CASPER, WYOMING 82602-2620

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change in Transporter of:

Recompletion  Oil  Dry Gas

Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner EL PASO NATURAL GAS CO. - BOX 990 - FARMINGTON, NM 87401

**II. DESCRIPTION OF WELL AND LEASE**

|                               |                      |   |  |                           |
|-------------------------------|----------------------|---|--|---------------------------|
| Lease Name<br><u>Lodewick</u> | Well No.<br><u>8</u> | Pool Name, including Formation<br><u>Basin Dakota</u> | Kind of Lease<br><u>State, Federal or Fee Fed NM</u> | Lease No.<br><u>02861</u> |
| Location                      |                      |   |  |                           |
| Unit Letter <u>P</u>          | <u>890</u>           | Feet From The <u>South</u>                            | Line and <u>1025</u>                                 | Feet From The <u>East</u> |
| Line of Section <u>19</u>     | Township <u>27N</u>  | Range <u>9W</u>                                       | <u>NMPM</u>  | San Juan County           |

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

|  |  |           |            |           |
|--|--|-----------|------------|-----------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |           |            |           |
| <u>EL PASO NATURAL GAS CO.</u>   | <u>BOX 990 - FARMINGTON, NM 87401</u>                                    |           |            |           |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |           |            |           |
| <u>EL PASO NATURAL GAS CO.</u>   | <u>BOX 990 - FARMINGTON, NM 87401</u>                                    |           |            |           |
| If well produces oil or liquids, give location of tanks.   | Unit   | Sec.      | Twp.       | Rge.      |
|  | <u>P</u>   | <u>19</u> | <u>27N</u> | <u>9W</u> |
|  | Is gas actually connected?   |           | When       |           |
|  | <u>Yes</u>   |           |            |           |

If 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.

**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.

*Sue L. Seed*  
(Signature)  
DISTRICT PRODUCTION SUPERINTENDENT  
(Title)  
1986  
(Date)

OIL CONSERVATION DIVISION

APPROVED *Franklin* **MAR 12 1986**

BY \_\_\_\_\_  
SUPERVISOR DISTRICT # 3

TITLE \_\_\_\_\_

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 deviatric 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 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 wells.

I true and complete to the best of my knowledge and belief.

*Sandra K. Liese*  
Signature  
Sandra K. Liese General Clerk  
Printed Name Title  
July 13, 1990 326-7600  
Date Telephone No.

Date Approved JUL 17 1990

By *E. W. Chang*  
SUPERVISOR DISTRICT # 3

Title \_\_\_\_\_

**INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.