

NO. OF LINES RECEIVED		
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SANTA FE		
FILE		
UNCLAS		
LAND OFFICE		
TRANSPORTER	OIL	
	SAS	
OPERATOR		
PROMOTION OFFICE		

P. O. BOX 2088

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

Operator Union Texas Petroleum Corporation	
Address P. O. Box 1290, Farmington, New Mexico 87499	
Reason(s) for filing (Check proper box) ☐ New Well ☐ Recompletion ☐ Change in Ownership Change in Transporter of: ☐ Oil ☐ casinghead Gas ☐ Dry Gas ☒ Condensate	Other (Please explain)

Lessee Name Zachry	Well No. 18-E	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Free	Fed. SF	Lease No. 080724-A
Location					
Unit Letter <u>0</u> ; <u>960</u> Feet From The <u>South</u> Line and <u>1455</u> Feet From The <u>East</u>					
Line of Section <u>11</u> Township <u>28N</u> Range <u>10W</u> , NWPM, San Juan County					

Name of Authorized Transporter of Oil ☐ or Condensate ☒				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 Cracked Gas ☐ or Dry Gas ☒				Address (Give address to which approved copy of this form is to be sent)		
Southern Union Gathering Company				P. O. Box 26400, Albuquerque, N.M. 87125		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Top.	Row.	Is gas actually connected?	When
	0	11	28N	10W	Yes	
If this production is commingled with that from any other lease or pool, give commingling order number:						

7. CERTIFICATE OF COMPLIANCE

OIL CONSERVATION DIVISION
NOV 01 1984
APPROVED _____, 12
BY Frank J. [Signature]
TITLE _____ SUPERVISOR DISTRICT # 3

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 relations of this form must be linear or completely or almost linear in x and y and z .

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Separate Form C-104 must be completed with each report.

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OCT 10 1984

OIL CON. DIV.
DIST. 3