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| TRANSPORTER            | OIL         |
|                        | NATURAL GAS |
| OPERATOR               |             |
| PRODUCTION 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

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:               | Other (Please explain)              |
| <input type="checkbox"/> Recompletion        | <input checked="" type="checkbox"/> Oil | <input type="checkbox"/> Dry Gas    |
| <input type="checkbox"/> Change in Ownership | <input type="checkbox"/> casinghead Gas | <input type="checkbox"/> Condensate |

Change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

|                             |                 |  |  |                       |                       |
|-----------------------------|-----------------|--|--|-----------------------|-----------------------|
| Well Name<br>Angel Peak "B" | Well No.<br>32  | Pool Name, including Formation<br>Armenta Gallup | Kind of Lease<br>State, Federal or Fee | Federal<br>SF         | Lease No.<br>047017-B |
| Location                    |                 |  |  |                       |                       |
| Unit Letter<br>I            | 1670            | Feet From The<br>South                           | Line and<br>710                        | Feet From The<br>East |                       |
| Line of Section<br>12       | Township<br>28N | Range<br>11W                                     | NMPM.                                  | San Juan              | County                |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |  |            |             |              |                                   |      |
|---|--|------------|-------------|--------------|-----------------------------------|------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>Conoco, Inc. Surface Transportation       | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 1429, Bloomfield, N.M. 87413 |            |             |              |                                   |      |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>Union Texas Petroleum Corporation | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 1290, Farmington, N.M. 87499 |            |             |              |                                   |      |
| Well produces oil or liquids,<br>give location of tanks.  | Unit<br>I  | Sec.<br>12 | Twp.<br>28N | Range<br>11W | Is gas actually connected?<br>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

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  
knowledge and belief.

Kenneth E. Roddy  
Kenneth E. Roddy (Signature)  
Area Production Superintendent  
(Title)  
4/26/85  
(Date)

OIL CONSERVATION DIVISION

APPROVED Frank APR 26 1985  
BY Frank  
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 allow-  
able 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.