

NO. OF LEASES COVERED	
DISTRIBUTION	
SANTA FE	
FILE	
WELL	
LAND OFFICE	
TRANSPORTER	OIL
	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  
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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 checked="" type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion		<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership		

Other (Please explain)

RECEIVED

APR 26 1985

change of ownership give name  
and address of previous owner

OIL CON. DIV.  
DIST. 3

DESCRIPTION OF WELL AND LEASE

Well Name Angel Peak "B"	Well No. 24-E	Pool Name, including Formation Armenta Gallup	Kind of Lease Federal	Lease No. SF 047017-B
Location Unit Letter <u>I</u> : <u>1680</u> Feet From The <u>South</u> Line and <u>850</u> Feet From The <u>East</u> Line of Section <u>13</u> Township <u>28N</u> Range <u>11W</u> , NMPM, San Juan County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Company of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input 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					
Company of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Union Texas Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1290, Farmington, N.M. 87499					
Well produces oil or liquids, or location of tanks.	Unit I	Sec. 13	Twp. 28N	Rge. 11W	Is gas actually connected? Yes	When

this production is commingled with that from any other lease or pool, give commingling order number:

DTE: Complete Parts IV and V on reverse side if necessary.

CERTIFICATE OF COMPLIANCE

we 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 our knowledge and belief.

Kenneth E. Roddy  
Kenneth E. Roddy (Signature)  
Area Production Superintendent

4/26/85

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED APR 26 1985

BY Frank J. [Signature]  
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 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.