STATE OF NEW MEXICO. ENERGY MID MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Revised 10-01-78 JUN 2 6 1987

| DESCRIPTION OF West No. Pool Name, Including Formation State, Federal or Fee SEQ. Township Section Section Section State, Federal or Fee SEQ. Township Section State, Federal or Fee SEQ. Township Section | PERATOR | REQUEST FOR AND AUTHORIZATION TO TRANSPO | · · | GAS DIST. 3 | |
|--|--|--|--------------------------------|---------------|---------------------------------------|
| 375 US Highway 64, Farmington, NM 87401 Receson(s) for filing (Check proper box) Now well Receson(s) for filing (Check proper box) Now well Receson(s) for filing (Check proper box) Now well Receson(s) for filing (Check proper box) Change in Transporter of: Qui Casinghood Gas Condensate Condensate Condensate Condensate I. DESCRIPTION OF WELL AND LEASE Lease Name Summit Location Unit Letter K 1575 Feet From The South Line and 1520 Feet From The West Line of Section 34 Township 29N Range Range 11W NMPM, San Juan Number 1286 Name of Authorized Transporter of Oil Grant or Day Gas Casinghood (Give address to which approved copy of this form is to be Name of Authorized Transporter of Oil Grant or Day Gas Casinghood (Give address to which approved copy of this form is to be Name of Authorized Transporter of Casinghood Gae Grant or Day Gas Casinghood (Give address to which approved copy of this form is to be Name of Authorized Transporter of Casinghood Gae Grant or Day Gas Casinghood (Give address to which approved copy of this form is to be Name of Authorized Transporter of Casinghood Gae Grant or Day Gas Casinghood (Give address to which approved copy of this form is to be Name of Authorized Transporter of Casinghood Gae Grant Orders (Give address to which approved copy of this form is to be Name of Authorized Transporter of Casinghood Gae Grant Orders (Give address to which approved copy of this form is to be Name of Authorized Transporter of Casinghood Gae Grant Orders (Give address to which approved copy of this form is to be Name of Authorized Transporter of Oil Grant Orders (Give address to which approved copy of this form is to be Name of Authorized Transporter of Oil Grant Orders (Give address to which approved copy of this form is to be Name of Authorized Transporter of Oil Grant Orders (Give address to which approved Capy of this form is to be Name of Authorized Transporter of Oil Grant Orders (Give address to which approved Capy of this form is to be Name of Authorized Transpo | Union Texas Petroleu | m Corporation | | | |
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| Unit Letter K : 1575 Feet From The South Line and 1520 Feet From The West Line of Section 34 Township 29N Range 11W , NMPM, San Juan III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be Name of Authorized Transporter of Casinghood Gas or Dry Gas Address (Give address to which approved copy of this form is to be Name of Authorized Transporter of Casinghood Gas or Dry Gas Address (Give address to which approved copy of this form is to be | ,see Name | 21 | Sta | | SE047019 |
| Name of Authorises Transporter of Costingness Cost | Unit Letter K : 1575 Line of Section 34 Town | PORTER OF OIL AND NATURAL | GAS Address (Give address to w | San C | is form is to be sen |
| | Name of Authorized Transporter of Car | ingheed Gas and or Dry Gas | P 0. Box 1809 | Bloomfield, N | |
| If well produces oil or liquide. | If well produces oil or liquide, | 29N 11W | is gas actually connected? | l when | |
| If this production is commingled with thet from any other lease or pool, give commingling order numbers. 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 thus the information given is true and complete to the best of the properties and being. | I this production is comminged with NOTE: Complete Parts IV and VI. CERTIFICATE OF COMPLIATE hereby certify that the rules and regulationen complied with and that the informations. | V on reverse side if necessary. INCE | OIL CON | JUN 26 1987 | 7 |
| SUPERVISION DISTRICT # 3 | my surveyeds one seems. | _ | TITLE SUF | | · · · · · · · · · · · · · · · · · · · |

| Robert Co Trank | |
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| Permit Coordinator | |

(Tible)

June 24, 1987

(Dave)

If this is a rèquest for allowable for a newly drilled or de , this form must be accompanied by a tabulation of the de B taken on the well in accordance with AULE 111.

iru must be filled out completely for ted wells.

Fill out only Sections L. H. III. and VI for changes of name or number, or transporter, or other such change of co Separate Forms C-104 must be filed for each pool in t