## STATE OF NEW MEXICO ENERGY NO MINEFIALS DEPARTMENT

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| DISTRIBUT    | <del></del> | $\top$ | ī |
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| LAMO OFFICE  |             |        |   |
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| OPERATOR.    |             |        |   |
| PROBATION OF | 162         |        |   |

## 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   |                   |   |   | <del></del>                                 |  |  |
|--|-------------------|---|---|---|--|--|
| Union Texas Petroleum Co   | rporation         |   |   |   |  |  |
| Address  |                   | <u> </u>  | ··  |   | <b>B</b> 5.  |  |
| P. O. Box 1290, Farmingt  Ressen(s) for filing (Check proper box)  | on, New Mex       | ico 87499   |   |   | D) Eesi  | 11/2                                     |
| New Well   | Change in Trans   | sporter of:   | Other   | (Please expisi                              | UU .   |  |
| Recompletion   | on                |   | Dry Gas   |   | APR 2 6 19   | 100                                      |
| Change In Ownership  | Casingheed        |   | Condenses   |   | $\Omega \parallel C \sim$  |  |
| If change of ownership give name   |                   |   |   |   | OIE COIN.  | DIV.                                     |
| and address of previous owner  | <del></del>       | <del></del>   |   | <del></del>                                 | <u> </u>   |  |
| I. DESCRIPTION OF WELL AND LI  |                   | Name, Including F   |   |   |  |  |
| Albright   | 1                 | sin Dakota  | OFMG1106  | - 1   | f Lease Fee<br>Federal or Fee  | SF 077865                                |
| Location   | <del></del>       |   | •   |   |  | 31 077000                                |
| Unit Letter () : 790   | _Feet From The    | South   | 1615  | Feet  | From The East  |  |
| Line of Section 15 Townshi   | <b>2</b> 9N       | Range   | 10W   | . NMPM.                                     | San Juan   |  |
|  |                   |   |   | , MMPM,                                     |  | County                                   |
| M. DESIGNATION OF TRANSPORT  | IER OF OIL A      | ND NATURA   | L GAS   | <del> </del>                                | ·  | 700                                      |
| Conoco, Irc. Surface Tra   |                   |   |   |   | comfield, N.M.   |  |
| Name of Authorized Transporter of Casinghe   |                   |   | Address (Give a   | deress to which                             | approved copy of this  | form is to be sent;                      |
| El Paso Natural Gas Company  |                   | P. O. Box 4990, Farmington, N.M. 87499                        |   |   |  |  |
| if well produces oil or liquids, give location of tents.   |                   | 29N 10W   | Yes   | connected?                                  | When   |  |
| this production is commingled with the   | at from any other | r lesse or pool,  | give comminglin   | g order numbe                               | n  |  |
| iOTE: Complete Parts IV and V on   | reverse side if   | necessary.  |   |   |  |  |
| T CTTTTTC LTT OF COLONIA NOT   | •                 | •   | 11  |   | DVATION OF CO.   | ·<br>                                    |
| 1. CERTIFICATE OF COMPLIANCE   |                   |   | OIL CONSERVATION DIVISION   |   |  |  |
| hereby certify that the rules and regulations of the Oil Conservation Division have een complied with and that the information given is true and complete to the best of |                   |   |   |   |  |  |
| y knowledge and belief.  |                   |   | 8Y  | Nas a la l |  | ·  |
| . /  | 211               |   | TITLE   | was as in Albert                            | Association of the state of the | 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1 |
| 10 H = 16  | ·///.             |   | Tota form   | a la ta he file                             | d in compliance wit  |  |
| Junnella Z- Kon  | <u>zy</u>         |   | If this is  | a request for                               | allowable for a new  | iv delled as dame                        |
| Kenneth E. Roddy (Signature) Area Production Superint  | /<br>endent       |   | Well, this for  | n must be acc                               | eccordance with Ru   | letion of the devices                    |
| (Tille)  |                   |   | 1   | ons of this for                             | m must be filled out   | completely for allow-                    |
| 4/26/85 (Pase)   |                   | Fill out only Sections 1. II. III and VI for changes of summe |   |   |  |  |
|  |                   |   | well name or number, or transporter, or other such change of condition.  Separate Forms C-104 must be filed for each pool in multiply |   |  |  |
|  |                   | ji  | completed well  | la.   |  | ,  |