## STATE OF NEW MEXICO ENERGY MINERALS DEPARTMENT

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PROBATION OFFICE					
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4/26/85

(Date)

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

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

## REQUEST FOR ALLOWABLE AND

Zachry 28 Armenta Gallup Stone, Federal or Fee Federal SF 0807  Unit Letter I : 1650 Feet From The South Line and 990 Feet From The East		AUTHOR	IZATION TO	ransp(	ORT DIL A	ND NATU	IRAL GAS		
P. O. Box 1290, Farmington, New Mexico 87499    P. O. Box 1290, Farmington, New Mexico 1290, F	Opermer							<del></del>	<del></del>
P. O. Box 1290, Farmington, New Mexico 87499    New Wolf		Corporation	n						
Change of ownership give name  change of ownership give name  deddress of previous owner  DESCRIPTION OF WEIL AND LEASE  Tachry  28 Armenta Gallup  Stema, Federal or Fee Federal SF 0807  Descripen  Unit Letter I : 1650  Feet From The South Line and 990  Feet From The East  Line of Section 35 Township 29N  Rampe 10W  NMPM, San Juan  C. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		naton. New	Mexico 87	499	-		DR	· _	
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DESCRIPTION OF WELL AND LEASE  Tachry  Zachry  28 Armenta Gallup  Unit Letter  I : 1650  Feet From The South Line and 990  Line of Section 35 Township 29N  Range 10W  NAME AND LEASE  Line of Section 35 Township 29N  Range 10W  NAME AND NATURAL GAS					<u></u>			13.85 (	<b>y</b>
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Zachry 28 Armenta Gallup Stota, Federal or Fee Federal SF 0807  Unit Letter I : 1650 Feet From The South Line and 990 Feet From The East  Line of Section 35 Township 29N Range 10W , NMPM, San Juan C	DESCRIPTION OF WELL AN	TO TEACE					• •		
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Come of Authorized Transporter of Oil X or Condensate \( \begin{align*} \Aggrees (Give address to which approved copy of this form is to be sent.)	T DESIGNATION OF TRANSI	OCTED OF C	NT AND NAT	TTPAT (	246				
	Come of Authorized Transporter of CII	ORIER OF C	noenecte	UADL C	Assrone (Gru	e madress i	o which approved	copy of thus form	is to be sent)
Conoco, Inc. Surface Transportation   P. O. Box 1429, Bloomfield, N.M. 87413	Conoco, Inc. Surface T	ransportat	ion		P. O. Bo	x 1429	, Bloomfield	I, N.M. 87	413
Name of Authorized Transporter of Casinghead Cas 🔯 or Dry Cas 🔲 Address (Give address to which approved copy of this form is to be sent	iame of Authorized Transporter of Cas	unghead Gas 🔯	or Dry Gas	<u> </u>	Address (Giv	e oddress :	D WALCA SPPROVES	COPY OF LALE FORM	is to be sent)
Union Texas Petroleum Corporation P. O. Box 1290, Farmington, N.M. 87499	Union Texas Petroleum	Corporatio	n		P. O. B	ox 1290	), Farmingto	on, N.M. 8	7499
well produces all or liquins, Unit Sec. Twp. Rgs. Is gas actually connected? When			1			A COUNSCIE	Mhen		, <u></u>
IV- location of tanea. I   35   29N   10W   Yes		<del></del>					· · · · · · · · · · · · · · · · · · ·		
this production is commingled with that from any other lease or pool, give commingling order number:	this production is commingied wit	th that from any	other lease or	pool, gi	ve comming	ling order	number:		
OTE: Complete Parts IV and V on reverse side if necessary.	OTE: Complete Parts IV and V	V on reverse si	de if necessary	•					
CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION				11		טוו כו		N DIVICION	
I. CERTIFICATE OF COMPLIANCE UIL CONSERVATION DIVISION	CERTIFICATE OF COMPLIAN	NCE					JINGERVATIUI	N DIVISION	
nereby certify that the rules and regulations of the Oil Conservation Division have APPROVED	series certify that the rules and regulation	ons of the Oil Co	aservacion Divisio	n have	APPROVE	<u> </u>			_, 19
en complied with and that the information given is true and complete to the best of knowledge and belief.		סם פואבט הו בנחה שפי	complete to the	21		··· -			
					P 1	jj.; ⊅	1 4 M 4 M 4 M 4 M 4 M 4 M 4 M 4 M 4 M 4		
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This form is to be filed in compliance with RULE 1104.	Lo H - 1				This f	orm is to	be filed in comp	diance with Ru	LE 1104,
If this is a request for allowable for a newly drilled or de-	Though 2.	way_		—— II	If this	is a requ	est for allowable	for a newly dr	illed or deepene
Kenneth E. Roddy (Signature)  Well, this form must be accompanied by a tabulation of the devance are reduction Superintendent  Well, this form must be accompanied by a tabulation of the devance are reduction.		. /			well, this f tests taken	on the w	beimsqmccos al Ust mabrocos al Ust	by a tabulation of with RULE	i of the deviation
All sections of this form must be filled out completely for				<del></del>					

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.