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| SANTA FE              |                              |
| FILE                  |                              |
| U.S.G.A.              |                              |
| LAND OFFICE           |                              |
| TRANSPORTER           | <input type="checkbox"/> OIL |
|                       | <input type="checkbox"/> 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)

☐ New Well  
☐ Recombination  
☐ Change in Ownership  
Change in Transporter of:  
☒ Oil  
☐ Gas  
☐ Condensate  
☐ Other (Please specify)

Change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

|                      |                |                                                  |                                                   |                       |
|----------------------|----------------|--------------------------------------------------|---------------------------------------------------|-----------------------|
| Lease Name<br>Zachry | Well No.<br>28 | Pool Name, including Formation<br>Armenta Gallup | Kind of Lease<br>State, Federal or Fee Federal SF | Lease No.<br>080724-A |
|----------------------|----------------|--------------------------------------------------|---------------------------------------------------|-----------------------|

Location  
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 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 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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|

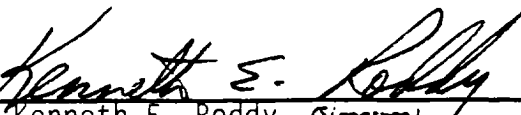
|                                                          |           |            |             |             |                                   |      |
|----------------------------------------------------------|-----------|------------|-------------|-------------|-----------------------------------|------|
| Well produces oil or liquids,<br>give location of tanks. | Unit<br>I | Sec.<br>35 | Twp.<br>29N | Rge.<br>10W | 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

I 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 my knowledge and belief.

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

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
TITLE \_\_\_\_\_

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.