

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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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

I. **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	<b>Change in Transporter of:</b>	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recombination	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Crudehead Gas	

**Other (Please explain)**

**RECEIVED**  
OCT 31 1984

If change of ownership give name and address of previous owner \_\_\_\_\_

OIL CON. DIV.  
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

<b>Lease Name</b> Congress	<b>Well No.</b> 16	<b>Pool Name, including Formation</b> Armenta Gallup	<b>Kind of Lease</b> State, Federal or Fee	<b>Lease No.</b> FED. SF 047020-A
<b>Location</b>				
Unit Letter <u>A</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u>				
Line of Section <u>34</u> Township <u>29N</u> Range <u>11W</u> NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

<b>Name of Authorized Transporter of Oil</b> <input type="checkbox"/> or Condensate <input type="checkbox"/> Gary Energy Corporation	<b>Address (Give address to which approved copy of this form is to be sent)</b> P. O. Box 489, Bloomfield, N.M. 87413
<b>Name of Authorized Transporter of Crudehead Gas</b> <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Union Texas Petroleum Corporation	<b>Address (Give address to which approved copy of this form is to be sent)</b> P. O. Box 1290, Farmington, N.M. 87499
<b>If well produces oil or liquids, give location of tanks.</b>	<b>Unit</b> <u>A</u> <b>Sec.</b> <u>35</u> <b>Twp.</b> <u>29N</u> <b>Range</b> <u>11W</u>
<b>Is gas actually connected?</b> <u>Yes</u>	<b>When</b>

If 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.

VI. 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  
Kenneth E. Roddy (Signature)  
Area Production Superintendent  
(Title)  
9/28/84  
(Date)

OIL CONSERVATION DIVISION  
NOV 01 1984  
APPROVED Frank J. [Signature]  
BY \_\_\_\_\_  
SUPERVISOR DISTRICT # 3  
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.

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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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)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)

RECEIVED  
APR 26 1985  
OIL CON. DIV.  
DIST. 3

Change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Congress	Well No. 16	Pool Name, including Formation Armenta Gallup	Kind of Lease State, Federal or Fee SF	Federal SF	Lease No. 047020-A
Location					
Unit Letter A	660	Feet From The North	Line and 660	Feet From The East	
Line of Section 34	Township 29N	Range 11W	N.M.P.M. San Juan	County	

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

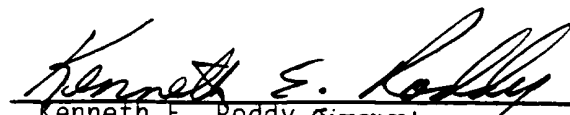
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco, Inc. Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1429, Bloomfield, N.M. 87413					
Name of Authorized Transporter of Casinghead 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 A	Sec. 34	Twp. 29N	Range 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

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 knowledge and belief.

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

4/26/85  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY \_\_\_\_\_

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #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.

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Union Texas Petroleum Corporation Well API No. \_\_\_\_\_

Address P.O. Box 2120 Houston, Texas 77252-2120

Reason(s) for Filing (Check proper box) \_\_\_\_\_ Other (Please explain) \_\_\_\_\_

New Well \_\_\_\_\_ Change in Transporter of: \_\_\_\_\_  
Recompletion \_\_\_\_\_ Oil ☒ Dry Gas ☐  
Change in Operator \_\_\_\_\_ Casinghead Gas ☐ Condensate ☐

If change of operator give name  
and address of previous operator \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Congress Well No. 16 Pool Name, including Formation ARMENTA (Gallup) Kind of Lease \_\_\_\_\_ Lease No. SF047020B

Location Unit Letter A Feet From The \_\_\_\_\_ Line and \_\_\_\_\_ Feet From The \_\_\_\_\_ Line  
Section 34 Township 29N Range 11W NMPM, SAN JUAN County

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 sent)  
Meridian Oil Inc. P.O. Box 4289, Farmington, NM 87499

Name of Authorized Transporter of Casinghead Gas \_\_\_\_\_ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)  
Union Texas Petroleum Corp. P.O. Box 2120, Houston, TX 77252-2120

If well produces oil or liquids, \_\_\_\_\_ Unit \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ Rge. \_\_\_\_\_ is gas actually connected? \_\_\_\_\_ When? \_\_\_\_\_  
give location of tanks.

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoes			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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 above  
is true and complete to the best of my knowledge and belief.

Signature Annette C. Bisby Env & Reg. Secrtry  
Printed Name Annette C. Bisby Title  
Date 08-09-89 Telephone No. (713) 968-4012

OIL CONSERVATION DIVISION

Date Approved AUG 28 1989  
By [Signature]  
Title SUPERVISION DISTRICT # 3

INSTRUCTIONS: This form is to be filed in compliance with Rule 110M

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiple completed wells.