STATE OF NEW MEXICO ENERGY NO MINERALS DEPARTMENT

DISTRIBUTE	D-W		i		
SANTA PE		\top			
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عدهادات					
LAND OFFICE					
TRAMSPORTER	OIL				
	-				
OPERATOR					
PROBATION OF					

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 TRANS	PORT OIL AND NATURAL GAS
Describer	
Union Texas Petroleum Corporation	:
Address	
P. O. Box 1290, Farmington, New Mexico 87499	R P O m a com
Reason(s) for filing (Check proper box)	Other (Please explos)
New Well Change in Transporter of:	\mathbb{N}
Recompletion (201)	OCT 53 1564
Change is Ownership Casingheed Gas C	andensens
If Change of ownership give name	OIL CON DIV.
and address of previous owner	DIST. 3
II DECOMMON OF WELL AND LEADS	
II. DESCRIPTION OF WEIL AND LEASE Weil No. Pool Name, Including F	ernation Kind of Legae No.
Congress 16 Armenta Gallu	· · · · · · · · · · · · · · · · · · ·
Location	
Unit Letter A : 660 Feet From The North Lin	se and 660 Feet From The East
Line of Section 34 Township 29N Range	11W . NMPM, San Juan County
	•
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS Andreas (Give address to which approved copy of this form is to be sent)
Gary Energy Corporation	
Name of Authorized Transporter of Cosinghood Gos X or Dry Gas	P. O. Box 489, Bloomfield, N.M. 87413 Address (Give address to which approved copy of this form is to be sens)
Union Texas Petroleum Corporation	P. O. Box 1290, Farmington, N.M. 87499
Unit Sec. Two Ree.	is gas estually connected? When
If well produces all or liquids, and a second of tentes. A 35 29N 11W	Yes
If this production is comminged with that 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	OIL CONSERVATION DIVISION 1001
•	1 1304 P 1304
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	APPROVED
my knowledge and belief.	BY
	SUPERVISOR DISTRICT # 3 .
	TITLE
Kenneth E. Rodly	This form is to be filed in compliance with RULE 1164.
Kenneth E. Roddy Binner	If this is a request for allowable for a gowly drilled or desponded wall, this form must be accompanied by a tabulation of the deviation
Area Production Superintendent	toots taken on the well in eccordance with RULE 111.
(Title)	All sections of this form must be filled out completely for allow-
9/28/84	Fill out only Sections L. H. III, and VI for changes of owner,
(Desc)	well some or number, or transporter or other such change of condition.
•	Separate Forms C-104 must be filed for each pool in multiply commisted wells.
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STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

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v.a.o.a.			$\overline{}$
LAMO OFFICE		T	
TRAMSPORTER	OIL		
	-		
OPERATOR.			
-	HCZ.		

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

		1011 10 112	SPORT VIL AND NATURAL GAS					
Union Toyas Datus Laum Co								
Union Texas Petroleum Co	prporation		THE PROPERTY OF THE PROPERTY O					
P. O. Box 1290, Farming	ton. New Me:	xico 87499	DECEIVE					
desen(s) for filing (Check proper box)								
New Well	Change in Trans	spioner et:	APR 2 6 1985					
Recompletion	X on		APR 2					
Change in Ownership	Casingbeat	C==	OIL CON. DIV.					
change of ownership give name			DIST. 3					
id address of previous owner	······································							
DESCRIPTION OF WELL AND LE		· · · · · · · · · · · · · · · · · · ·						
Consular	1 ! .	Name, including	i cuciai i rease.	No.				
Congress	16 A	Armenta Gal	Tup Stone, Federal or Fee SF 047020	-A				
, position			•	_				
Unit Letter A : 660	_Feet From The	North .	no and 660 Feet From The East					
Line of Section 34 Township	. 29N	Range	11W San Juan San					
			IIW , NMPM, San Juan Coun	17				
I. DESIGNATION OF TRANSPORT	ER OF OIL AL	ND NATURA	I GAS					
one of Authorized Transporter of CII XX	or Consense		Andreas (Give address to which approved copy of this form is to be sent)					
Conoco, Inc. Surface Tra	nsportation	1	P. O. Box 1429, Bloomfield, N.M. 87413					
ame of Authorized Transporter of Casinghe	eat C-ca+ (X), α.	Dry Ges 🔲	Address (Give address to watch approved copy of this form is to be sent)					
Union Texas Petroleum Cor	poration		P. O. Box 1290, Farmington, N.M. 87499					
well produces oil or liquids, Unit	,	wp. Res.	Is gas actually connected? When	_				
ve location of tanks.		29N 11W	Yes					
this production is commingled with the	t from any other	r lease or pool,	give commingling order number:					
OTE: Complete Parts IV and V on	reverse side if i	necessary.						
	,		11					
. CERTIFICATE OF COMPLIANCE			OIL CONSERVATION DIVISION					
meny certify that the rules and regulations of	the Oil Conservation	on Division have	APPROVED	-				
n compiled with and that the information give			, 18					
knowicage and belief.	-		BY					
	1 00		TITLE DEPUTY GIL & GAS INSPECTOR, DIST. #3					
So Al C			This form is to be filed in compliance with RULE 1104.					
Junio Z. 10	esy_		If this is a request for allowable for a name delled as decree					
Kenneth E. Roddy (Signature) Area Production Superinte	ndont		well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.	100				
Tule)	nyent		All sections of this form must be filled out completely for all:					
4/26/85		i	able on new and recompleted wells.					
(Date)			Fill out only Sections I. II. III. and VI for changes of own well name or number, or transporter, or other such change of conditi	€. 05.				

Separate Forms C-104 must be filed for each pool in multiply completed wells.

Submat 5 Comes
Approximate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instruction

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

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III

Santa Fe. New Mexico 87504-2088

I.	REC	UEST F	OR ANS	ALLC	AWC	BLE AND L AND NA	AUTHOR	IZATION AS				
Union Texas P	etroleum (API No.			
Address 2.0. Box 2120					2 21	20						
Reason(s) for Filing (Check proper		ı, .exa	15	7725:	2-21		her (Please exp	laur i	-			
New Well		Change i			of:	_ 4-	ion in near Exp					
Recompletion	Oil		Dry			-						
Change in Operator If change of operator give name	Casingh	ead Gas	Com	deamie	<u> </u>							
and address of bisalions obsisted.	·											
II. DESCRIPTION OF W	ELL AND LI		\subset	ARN	NEN	πA						
Lasse Name				Name,	includ	ing Formation			of Lease	, –	Asse No.	
Location		16	. (Gall	up)			Suite	, Federal or F	<u>s</u> S	F047020B	
Unit LetterA	:		_ Feet	From T	he	I im	e and	-	eet From The			
Section 34 To	revnatelp 2	91			 	1					Line	
		<u></u>	Rang	<u></u>	<i>1</i> \(\dots \)		мрм, ⊱	AN	JUAN		County	
III. DESIGNATION OF T	\sim	ER OF O	IL A	ND N	ATU	RAL GAS						
Meridian Oil		or Conde	فلتتب			Address (Giv	Box 4289	hich approved	copy of this	form is to be s	ent)	
Name of Authorized Transporter of	Casinghead Gas		or Di	ry Gas	X		e address to w		•			
Union Texas Pe		,	-,		_	P.O. B	ox 2120,	Housto	n, TX	77252-21		
if well produces ou or tiquids, gave location of tanks.	Unit	Sec.	Twp.	.	Rge.	is gas actual	y connected?	When	?			
If this production is commingled wid	that from any or	her lease or	pool, s	DAS COR		ine order mod	ber:					
IV. COMPLETION DATA												
Designate Type of Comple	tion - (X)	Oil Well		Gas W	'ell	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		pi. Ready to	Prod.			Total Depth	<u></u>	<u> </u>	P.B.T.D.	<u></u>		
71						1						
Elevations (DF, RKB, RT, GR, etc.)	Name of I	roducing Fo		10		Top Oil/Gas	Pay		Tubing Depth			
Perforations								·····	Depth Casis	e Shoe		
								 -				
HOLE SIZE	CA	SING & TU	CAS	ING A	ND	CEMENTI	NG RECOR	D				
THOUS GIGS		SNO E IC	DING	SIZE			DEPTH SET		1	SACKS CEMI	ENT	
					1							
V. TEST DATA AND REQ	UEST FOR	LLow	ARI.F						·			
	fter recovery of u				must i	be equal to or	exceed top allo	mable for this	depth or be i	for full 24 hour	h	
Date First New Oil Run To Tank	Date of Te	æ				Producing Me	thod (Flow, pu	mp, gas lift, e	IC.)	,		
Length of Test	Tubing Pre	ASIIR			!	Casing Pressu	R		: Choke Size			
					;	Catag Pressure			· Corona organ			
Actual Prod. During Test	Oil - Bbis.				į	Water - Bbis.			Gas- MCF		·	
GAS WELL	·						·					
Actual Prod. Test - MCF/D	Length of	Test				Bbls. Condens	-10AG/CE		C			
		. •••			•	Dois. Congesti	MEN INTRICE		Gravity of C	ondensate		
Testing Method (puot, back pr.)	Tubing Pre	emre (Shut-	m)			Casing Pressur	re (Shut-12)		Choke Size	No. of Concession, Name of Street, or other Persons, Name of Street, or ot		
						r						
VI. OPERATOR CERTIF I hereby certify that the rules and r				NCE			IL CON	SERVA	TION I		N!	
Division have been complied with	and that the infor	mation give	a apon	e						2141010	14	
is true and complete to the best of	my knowledge as	d belief.				Date	Approved	d t	Aug :	2 8 1989		
(sun it	15	2000					7		- 100-1	. A	<u> </u>	
Signature					-	Ву		る	<u>رب</u>	Than/		
Annette C. B.	isby Env		g. S	secrt	ry	—		SUPE	RVISION	DISTRE	or#8	
08-09-89 Date		713)96	8-40		_	Title_		_				
Jec		i eleş	obone i	NO.	1	1						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 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) Senarate Form C-104 must be filed for each root in multiply completed wells.