

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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	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)

OCT 03 1984
OIL CON. DIV.
DIST. 3

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Congress	Well No. 14	Pool Name, including Formation Armenta Gallup	Kind of Lease State, Federal or Fee Fed. SF	Lease No. 047020-B
Location				
Unit Letter A	445	Feet From The North	Line and 953	Feet From The East
Line of Section 35	Township 29N	Range 11W	NMPM, San Juan	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Gary Energy Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 489, 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					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 35	Twp. 29N	Rgs. 11W	Is gas actually connected? Yes	When

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 _____ 1984

BY Frank J. [Signature]

TITLE SUPERVISOR DISTRICT # 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.



LTR



Job separation sheet

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

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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 Specify):

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

* change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name Congress	Well No. 14	Pool Name, including Formation Armenta Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. SF 047020-B
Location Unit Letter <u>A</u> : <u>445</u> Feet From The <u>North</u> Line and <u>953</u> Feet From The <u>East</u> Line of Section <u>35</u> Township <u>29N</u> Range <u>11W</u> , NMPM, San Juan County				

II. 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, give location of tanks.	Unit A	Sec. 35	Twp. 29N	Range 11W	Is gas actually connected? Yes	When
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this production is commingled with that from any other lease or pool, give commingling order number: _____

OTE: Complete Parts IV and V on reverse side if necessary.

III. CERTIFICATE OF COMPLIANCE

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Kenneth E. Roddy
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

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