## STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

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TRAMSPORTER	OIL			٦
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OPERATOR				٦
PROBATION 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

I.	TO TRACE	SPORT GIE AND NATE	JRAL GAS			
Union Texas Petroleum Corpor	ration				<del></del>	
P. O. Box 1290, Farmington,	New Mexico 87499		DEG			
Research for filing (Check proper box)  New Well Chem	go in Transporter of:	Other (Pleas	e explained to the	<b>5 1 1 1 1 1 1 1 1</b>	<del></del>	
Accompletion 🖸		bry Gas	APR2	6 1985		
Change in Ownership	Casinghood Gas	Condens ere				
I change of ownership give name and address of previous owner						
I. DESCRIPTION OF WELL AND LEASE						
•••	No. Pool Name, Including F  2 Armenta Galli		Kind of Lease State, Federal or Fee	Federal SF	077864	
Unit Letter G : 1919 Feet	From The North	2229	1			
		10 cmd	_ Feet From The	East		
Line of Section 22 Township	29N Renoe	10W , NMPM	. San Juan		County	
II. DESIGNATION OF TRANSPORTER O	F OIL AND NATURAL	C GAS				
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 🔯 or Dry Gas 🗀 Address (Give address to which approved copy of this form is to be sent)						
Union Texas Petroleum Corpor	ation Sec. 'Twp. 'Rge.	P. O. Box 1290	), Farmington,	N.M. 8749	9 .	
if well produces all or liquids, and location of tanks.	22 29N 10W	AG2 activates courses	d? When			
this production is commingled with that from	any other lease or pool,	give commingling order	number:			
IOTE: Complete Parts IV and V on revers	se side if necessary.					
I. CERTIFICATE OF COMPILANCE OIL CONSERVATION DIVISION						
hereby certify that the rules and regulations of the Oil Conservation Division have						
en complied with and that the information given is truly knowledge and belief.	mplied with and that the information given is true and complete to the best of wiedge and belief.					
		TITLE DITT	Ottoria			
If this is a request for allowable for a service dell'ed as desired and as delivery and as delivery and as delivery as deliver						
Area Production Superintendent tests taken on the well in accordance with RULE !!!.						
(Title)		All sections of this form must be filled out completely for allowable on new and recompleted wells.				
4/26/85 (Dece)	<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.