STATE OF NEW MEXICO ENERGY MO MINERALS CEPARTMENT

DISTRIBUTION			1		
SANTA FE					
FILE	i	1			
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THAMPONTER	OIL	1			
	848	1			
DPENATOR .					
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 CIL AND NATURAL GAS

Union Texas Petroleum Cor	porati	on							
P. O. Box 1290, Farmingto	n. New	Mexico 87499							
Reason(s) for filing (Cheek proper bax)	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Other /81-					
New Woll	<u></u>	Transporter of:		Other /Please	CEPIEIR)		. •		
		· —	r Cas						
C C C C C C C C C C C C C C C C C C C		777 - 1		1					
Change in Ownership		cas [] Co	ndenseté	<u> </u>					
If change of awarrship give name									
and address of previous owner									
n precipionor or well and th	A CTP								
II. DESCRIPTION OF WELL AND LE	Mell No.	Pool Name, Including Fo	emation		Kind of Lease			Lease No.	
Ouinn	4	Blanco Mesaver	erde		State, Federal or Fee	Fed.	SF	078511	
Location					·	, cu.		070011	
		North Lin		990	Feet From The	ast			
Unit Letter A : 990	Feet From	The NOICH LA	- and	J J O	reet root The	-430			
Line of Section 19 Township	31N	Range	8W	, NMPH	. San Juan			County	
The of nature 17 10 and 1975	2114		<u> </u>	, ,					
III. DESIGNATION OF TRANSPORT	TR OF C	OT AND NATTERAL	GAS		•				
Name of Authorized Transporter of Cil		ndensate (Address (Give address to which approved copy of this form is to be sent)						
Gary Energy Corporation		.,	P. O. Box 489, Bloomfield, N.M. 87413						
Name of Authorized Transporter of Casingne	aa Cas 🗀	or Dry Gos [hadres (Give address to which approved copy of this form is to be sent)						
Southern Union Gathering	Compar	ıy .	P. O. Box 26400, Albuquerque, N.M. 87125						
If well produces all or liquids, Unit			Is gas actually connected? When						
give location of tanks.	_ ! 19	9 ¦ 31N ! 8W	Yes						
If this production is commingled with the	i from an	y other lease or pool.	give com	ningling ords	r number:				
•				- ·•					
NOTE: Complete Parts IV and V on	reverse si	de if necessary.							
THE COMMITTEE OF COMMITTEE					ONSERVATION		N		
VL CERTIFICATE OF COMPLIANCE				<u> </u>		, , , , ,			
I hereby certify that the rules and regulations of	the Oil Co	aservacion Division nave	APPH	مردی <u></u> ح		Δ —	10	134	
been complied with and that the information given is true and complete to the best of							,,,,		
my knowledge and belief.			BY_		Jank J	tave /			
	1		TITL	<u> </u>	SUPERVISOR DISTRICT #	3 1			
Konneth E. Kodky			i	This form is to be filed in compliance with RULE 1104.					
Kenneth E. Roddy (Signature) Well, this form must be accompanied by a									
Area Production Superintendent					well in accordance				
(Tule)			All sections of this form must be filled out completely for allow-						
10/3/84			1		completed wells.		م ساد		
(Date)				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.					
							l in multiply		
)	comple	ted wells.		: U U			
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					SCTi	U 19 84 -			