

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator

Union Texas Petroleum Corporation

P. O. Box 1290, Farmington, New Mexico 87499

| | | | |
|--|--|--|--|
| Reason(s) for filing (Check proper box) | | Other (Please explain) | |
| <input type="checkbox"/> New Well | <input type="checkbox"/> Change in Transporter of: | | |
| <input type="checkbox"/> Recompletion | <input type="checkbox"/> Oil | | |
| <input type="checkbox"/> Change in Ownership | <input type="checkbox"/> Casinghead Gas | <input type="checkbox"/> Dry Gas | |
| | | <input checked="" type="checkbox"/> Condensate | |

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | | |
|-----------------|----------|---|-----------------------|----------|-----------|
| Lease Name | Well No. | Pool Name, including Formation | Kind of Lease | Federal | Lease No. |
| Bayne | 5 | Blanco Mesaverde | State, Federal or Fee | SF | 080517 |
| Location | | | | | |
| Unit Letter | A | : 928 Feet From The North Line and 961 Feet From The East | | | |
| Line of Section | 27 | Township | 32N | Range | 10W |
| | | | NMPM | San Juan | County |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|--|------|------|-------|----------------------------|------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Conoco, Inc. Surface Transportation | P. O. Box 1429, Bloomfield, N.M. 87413 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Southern Union Gathering Company | P. O. Box 26400, Albuquerque, N.M. 87125 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Range | Is gas actually connected? | When |
| | A | 27 | 32N | 10W | Yes | |

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 (Signature)
Area Production Superintendent

(Title)

4/26/85

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19 _____

BY _____

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 all wells 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 multiphase completed wells.