

OIL CONSERVATION DIVISION  
P. O. BOX 2083  
SANTA FE, NEW MEXICO 87501

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| FILE                   |     |
| U.S.G.A.               |     |
| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| REGISTRATION OFFICE    |     |

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                                                                                                                            |                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Operator<br>Union Texas Petroleum Corporation                                                                              |                                                                                                                                                                                         |
| Address<br>P. O. Box 1290, Farmington, New Mexico 87499                                                                    |                                                                                                                                                                                         |
| Reason(s) for filing (Check proper box)                                                                                    | Other (Please explain)                                                                                                                                                                  |
| <input type="checkbox"/> New Well<br><input type="checkbox"/> Recompletion<br><input type="checkbox"/> Change in Ownership | Change in Transporter of:<br><input type="checkbox"/> Oil<br><input type="checkbox"/> Dry Gas<br><input type="checkbox"/> Gashead Gas<br><input checked="" type="checkbox"/> Condensate |

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

|                                                                                                                                                                                                                         |               |                                                |                                                   |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------|---------------------------------------------------|---------------------|
| Lease Name<br>Taliaferro                                                                                                                                                                                                | Well No.<br>3 | Pool Name, Including Formation<br>Basin Dakota | Kind of Lease<br>State, Federal or Fee<br>Fed. SF | Lease No.<br>078244 |
| Location<br>Unit Letter <u>A</u> : <u>790</u> Feet From The <u>North</u> Line and <u>790</u> Feet From The <u>East</u><br>Line of Section <u>31</u> Township <u>31N</u> Range <u>12W</u> , NMPU, <u>San Juan</u> 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"/><br>Gary Energy Corporation               | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 489, Bloomfield, N.M. 87413    |            |             |             |
| Name of Authorized Transporter of Gashead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/><br>Southern Union Gathering Company | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 26400, Albuquerque, N.M. 87125 |            |             |             |
| If well produces oil or liquids, give location of tanks.                                                                                                  | Unit<br>A                                                                                                            | Sec.<br>31 | Twp.<br>31N | Rge.<br>12W |
|                                                                                                                                                           | Is gas actually connected?                                                                                           |            | When        |             |
|                                                                                                                                                           | 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  
Kenneth E. Roddy (Signature)  
Area Production Superintendent  
(Title)  
10/4/84  
(Date)

OIL CONSERVATION DIVISION  
APPROVED NOV 01 1984  
BY Frank J. Cawley  
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 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.  
Separate forms must be filed for each pool in multiply completed wells.

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OCT 10 1984

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