STATE OF NEW MEXICO: NERGY MIO MINERALS DEPARTMENT				In		_	Form C-104 Revised 10-)1-7 6
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v.8.g.a.	SAN	ITA FE, N	EM WEXI	.0 8/301	- WH 16	1987		
LANG OFFICE				O	IL COM	**		
TRANSPORTER GAS		REQUEST	FOR ALLOW	ABLE	IL CON. DIST. 3	DIV	•	
OPERATOR	AUTHORIZATI	ION TO TRA		AND NATUR	RAL GAS			
PROBATION OFFICE	AUTHURIZATI	ION IO IKA	Mar Ok i Oil					
Union Texas Petroleum	. Corporation	า						
	Corporación	<u> </u>						-
Address CA CA	amminaton NN	w 874N1						
375 US Highway 64, Fa	armington, in	1 0/401		Other (Please	espiain)			
Reason(1) for filing (Check proper box)	Change in Trans							
New Well		• • • • • • • • • • • • • • • • • • •	Dry Ges	Į				
Recompletion	OII	^1		ľ				
			Condensate	I				
Change in Ownership	Casinghead	i Gae	Condensate					
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change of ownership give name and address of previous owner I. DESCRIPTION OF WELL AND Lease Name Barker Location	LEASE Well No. Pool 10 Ba	Name, Includio	ng Formation ek Dakota	2140	Signe, Federal			_
I change of ownership give name and eddress of previous owner. I. DESCRIPTION OF WELL AND Lease Name Barker Location Unit Letter	D LEASE Well No. Pool	Name, Includio	ng Formation ek Dakota Line and	2140 , NMPN	State, Federal	he Eas		NU -277
I change of ownership give name and eddress of previous owner. I. DESCRIPTION OF WELL AND Lease Name Banker Location Unit Letter J . 1680 Line of Section 15 Town	D LEASE Well No. Pool 10 Ba Feet From The	Name, Includi rker Cree South	ng Formation ek Dakota Line and 14W	, NMPN	State, Federal Feet From T	he Eas Sai	st n Juan	NU -27
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. 0	IL CONSERVATION DIVISION
APPROVED_	Frank J. Java / 198/10
TITLE	SUPERVISOR DISTRICT TO

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or decivel, this form must be accompanied by a tabulation of the devices taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for a able on new and recompleted wells.

Fill out only Sections I. II. III. and VI for changes of a well name or number, or transporten or other such change of cond Separate Forms C-104 must be filed for each pool in mu campleted wells.

40 1	· / v \	II Mell	Gas Well	New Well	Workever	Deepen	Plug Best	Same Res'v.	Dut. Ree	
Designate Type of Complet			<u> </u>	1	<u> </u>		10000	<u> </u>	<u> </u>	
Date Spudded	udded Date Compi. Reedy to Prod.		×4.	Total Dopth			P.B.T.D.			
Elevetions (DF, RKS, RT, GR, etc.,	Name of Producing Formation			Top OIL/Ge	se Pey	···-	Tubing Depth			
Perferense	<u>. l </u>			<u> </u>			Depth Cast	ng Shoe		
	T	UBING, C	ASING, AN	D CEMENTI	NG RECOR	D				
HOLE SIZE		& TUBIN			DEPTH SE		S.	ACKS CEME	47	
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7. TEST DATA AND REQUES	T FOR ALLOW	ABLE (T	ees must be o		,	<u> </u>		equal to er exe	eed top all	
V. TEST DATA AND REQUES OIL WELL Date First New Oil Run To Tanks	T FOR ALLOW	ABLE (T	eet must be oble for this d		of total valu full 24 hours Method (Flow	<u> </u>		equal to or exe	ood top all	
OIL WELL Date First New Oil Run To Tanks			eet muet be sle for this d		Method (Flow	<u> </u>			eed top all	
OIL WELL Date First New Oil Run To Tanks Longth of Test	Date of Teet		eet must be ple for this d	Producing	Method (Flow	<u> </u>	lift, etc.)		ood top all	
OIL WELL Date First New Oil Run To Tanks Longth of Test	Date of Test Tuesna Pressu		eet must be ble for this d	Producing Casing Pre	Method (Flow	<u> </u>	Choze Size		end top all	
OIL WELL Date First New Oil Run To Tanks Length of Test Actual Pred. During Test GAS WELL	Tubing Pressu	м•	ees must be ple for this d	Producing Casing Pro	Method (Flow	, pump, ges	Chaze Size		ood top all	
	Date of Test Tuesna Pressu	м•	eet must be le for this d	Producing Casing Pro	Method (Flow	, pump, ges	Chaze Size		eed top all	