STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTI	0#		1
SANTA FE			_
FILE			1
U.S.G.4.		\vdash	
LAND OFFICE		1	
TRANSPORTER	OIL		_
	GAS		
OPERATOR			
PROBATION OFFICE			

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

Form C-104 Revised 10-01-78 Format 05-01-83 Page 1

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL CAS

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
Union Oil Company of Can	lifornia	
Address P. 171 M. 11 1 T		
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well Change in Transporter of:	Other (Flease explain)	
	Dry Gas	
Change in Ownership Casinghead Gas	Condensate	
If change of ownership give name Southern Union Exploration	N Company	
II. DESCRIPTION OF WELL AND LEASE	e. 1800 1120 Elm St Dallas, TX 75270-2090	
Legae Name H Well No. Pool Name, Including F	Ledse No.	
Location Location Location Location	(MOCrow) State, Federal or Fee State 16-14-29-3	
Unit Letter G: 1980 Feet From The North Li	ne and 1980 Feet From The EAST	
Line of Section 4 Township 5-5 Range	34-E, NMPM, Lea County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL		
Name of Authorized Transporter of Oil or Condensate	Address (Give address to which approved copy of this form is to be sent)	
Termian tors.	RO, Box 3119 - Midland Texas 70700	
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, Unit Sec. Twp. Rgs.	18 gas actually connected? When When	
give location of tanks.	ues Pat. 1 1900	
If this production is commingled with that from any other lease or pool,	give commingling order numbers	
NOTE: Complete Parts IV and V on reverse side if necessary.		
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION	
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.	APPROVED COT 1 10 1308 19	
my knowledge and bener.	Orig. Signe. Paul Kautz	
	TITLE Geologist	
mmy tale T	This form is to be filed in compliance with RULE 1104,	
(Signature)	If this is a request for allowable for a service delition we are	
District Clerical Supervisor	tests taken on the well in accordance with RULE 111.	
September 29 1988	All sections of this form must be filled out completely for allowable on new and recompleted wells.	
/(Date)	Fill out only Sections I. II. III and Ut for changes of annual	
	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.

RECEIVED

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OCT 11 1988

HOBBS C. //CE