

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			i
SANTA PE		:	
FILE			
V.8.Q.6.			
LAND OFFICE			
TRAMIPORTER	OIL		
	GAS	<u>i </u>	
OPERATOR			
PROBATION OFFICE			

August 30, 1988

(Dese)

OIL CON. DIV. C 104

DIST. 3 Format 08-01-83 OIL CONSERVATION DIVISION

P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

TRANSPORTER GAS	REQUEST FOR ALLOWABLE				
PROBATION OFFICE	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
Cpersion Toyac Rotx	roleum Corporation				
Address Fett	Oreali Corporació:				
375 US Highway 6	54, Farmington, NM 874				
Reason(s) for filing (Check proper b		Other (P)	lease expiain;		
New Well	Change in Transporter of:	y			
Recompletion		Dry Gas			
Change in Ownership	Casinghead Gas	Condensate		<u>.</u>	
If change of ownership give name and address of previous owner					
II. DESCRIPTION OF WELL A	Well No. Pool Name, Including	ng Formation	Kind of Lease	Lease N	
McCroden A	9A Blanco Mes		State, Federal or Fee FED S	SF-07∮616	
Location					
7	90 Feet From The North	Line and 1847	Feet From The West		
Unit Letter;	<u></u>				
Line of Section 9	Township 25N Range	3W . N	MPM. Rio Arriba	Coun	
III. DESIGNATION OF TRAN	SPORTER OF OIL AND NATU	RAL GAS	ess to which approved copy of this fo	orm is to be sent)	
	Consequent Con Con Con VV	Address (Give addr	ess to which approved copy of this fo	orm is to be sent;	
Name of Authorized Transporter of Casingheid Gas ar Dry Gas X Union Texas Petroleur: Corporation					
	Unit Sec. Twp. Real	1 3/3 U3 D141	nway 64. Farmington. N	17. 17411	
If well produces oil or liquids, give location of tanks.	C 9 25N 31		1		
	with that from any other lease or po	ool, give comminging o	order namber		
NOTE: Complete Parts IV and	d V on reverse side if necessary.				
VI. CERTIFICATE OF COMPLIANCE		01	L CONSERVATION DIVISIO	N	
been complied with and that the inform	ations of the Oil Conservation Division had action given is true and complete to the bes	101	= SEP 0 6 1988 -	1\$	
mv knowledge and belief.		TITLE SI	IPERVISOR DISTRICT #		
Relate-Fran	6	This form	is to be filed in compliance with		
Milial (- Man		If this is a	request for allowable for a newl must be accompanied by a tabula	y drilled or deepe ation of the devia	
Permit Coordinator	, · · /	tests taken on	the well in accordance with AU	LE 111.	
	Tule)	All section	s of this form must be filled out	completely for al	

APPROVE	SEP 0.6.1988 19-
BY	Trank July
TITLE	SUPERVISOR DISTRICT = 0

able on new and recompleted wells.

Fill out only Sections I. II. III. and VI for changes of owill name or number, or transporter, or other such change of condit

Separate Forms C-104 must be filed for each pool in mult