STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

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OPERATOR			
PROBATION DIFFICE			

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

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
Union Texas Petroleum Corporation		
Address		
P. O. Box 1290, Farmington, New Mexico 87499	10	
Respon(s) for filing (Check proper box) New Well Change in Transporter of:	Other (Please expiain)	
	Dry Gas.	
Change in Ownership Casingbook Gas C	Condenative	
I change of ownership give name		
nd address of previous owner		
I. DESCRIPTION OF WELL AND LEASE	formation King of Lease Fodowall same No	
F-18-24-9 2 Bisti Lower	rederall	
Locution	, NM 043209	
Unit Letter C : 990 Feet From The North Lie	ne and 1650 Feet From The West	
Line of Section 18 Township 24N Range	9W , NMPM, San Juan County	
Conoco, Inc. Surface Transportation Name of Authorized Transporter of Casinghead Cas (X) or Dry Cas El Paso Natural Gas Company If well produces oil or liquids, Unit Sec. Twp. Rgs. cive location of tanks. C 18 24N 9W I this production is commingled with that from any other lease or pool, NOTE: Complete Parts IV and V on reverse side if necessary. I. CERTIFICATE OF COMPILANCE hereby certify that the rules and regulations of the Oil Conservation Division have een complied with and that the information given is true and complete to the best of 11 knowledge and belief.	Andrews (Give address to which approved copy of this form is to be sent) P. O. Box 1429, Bloomfield, N.M. 87413 Address (Give address to which approved copy of this form is to be sent) P. O. Box 4990, Farmington, N.M. 87499 Is que actually connected? Yes give commingling order number: OIL CONSERVATION DIVISION APPROVED Supervisor District # 3 This form is to be filed in compliance with rule 1104, If this is a request for sliowable for a newly drilled or deepen	
Kenneth E. Roddy Simular Area Production Superintendent 4/26/85 (Date) APR 2 6 1985 DIST DIV	well, this form must be accompanied by a tabulation of the deviati tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for alloable on new and recompleted wells. Fill out only Sections I. H. H. and VI for changes of owns well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filled for each pool in multip completed wells.	