STATE OF NEW MEXICO

ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION				
BANTA FE				
FILE				
U.B.B.				
LAND OFFICE				
TRAMSPORTER	OIL			
	G AS			
OPERATOR				
PROBATION OF				

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

PROBATION OFFICE	AUTHORI	ZATION TO TRANS	SPORT OIL AND N	NATURAL GAS	
UNION OIL COMPANY	OF CALIFORN	NIA	· · · · · · · · · · · · · · · · · · ·		
P. O. BOX 2620		NYOMING 82602	2-2620		
Reason(s) for filing (Check proper be		NOTHING OLOGE		Please explain)	
New Well	Change in	Transporter of:			
Recompletion	무애	—	bry Gas		
Y Change in Ownership	Cestno	head Gas C	Condensate		····
If change of ownership give name and address of previous owner	EL PASO NAT	TURAL GAS CO.	- BOX 990 -	FARMINGTON, NM 8740)1
II. DESCRIPTION OF WELL AL	ND LEASE				
Rincon Unit	66	Pool Name, including F Blanco S-			Fed Legee No. SF 079360
Location					
Unit Letter H : 1	645 Feet From	The North Li	ne and <u>990</u>	Feet From The Ea	st
Line of Section 22 To	ownship 27	N Range	7W . •	NMPM. Rio Arriba	County
III. DESIGNATION OF TRANS		<u>IL AND NATURA</u>		ress to which approved copy of th	
EL PASO NATURAL GAS	_	N.A	1		,
Name of Authorized Transporter of Co		or Dry Gas AA		ARMINGTON, NM 87401 ress to which approved copy of the	
EL PASO NATURAL GAS		- 4	}	ARMINGTON, NM 87401	•
If well produces oil or liquids,	Unit Sec.	Twp. Rge.	Is gas actually con		
give location of tanks.	H 22	; 27N; 7W	Yes	· · · · · · · · · · · · · · · · · · ·	
If this production is commingled w NOTE: Complete Parts IV and VI. CERTIFICATE OF COMPLIA	V on reverse sid	le if necessary.	O	L CONSERVATION DIVI	SION
I hereby certify that the rules and regular been complied with and that the informat			APPROVED_	TO A	?R) 0 9' <u>1</u> 986
my knowledge and belief.	200		BY	Stank)	ISOR DIXTRICT # 1
Thomas of.	Seed		TITLE	ZALTUA	John Daymor 22 1
			f 8	is to be filed in compliance t	· · · · ·
DISTRICT PRODUCTION	N SUPERINTEN	IDENT	well, this form	request for allowable for a n must be accompanied by a ta the well in accordance with	bulation of the deviation
	ile)	j 0 45		s of this form must be filled of recompleted wells.	out completely for allow-
DECEIVE.	4			ly Sections I. II. III, and V mber, or transporter, or other a	
APR 0 9 1986 -	U		Separate F completed wells	orms C-104 must be filed for	or each pool in multiply
F1 11 0 2 1000					

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