

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF LOPMS DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
FORMATION OFFICE	

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

RECEIVED
MAR 12 1986

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OIL CON. DIV.
DIST. 3

I. Operator
UNION OIL COMPANY OF CALIFORNIA

Address
P. O. BOX 2620 - CASPER, WYOMING 82602-2620

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:		<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership			

Other (Please explain)

If change of ownership give name and address of previous owner
EL PASO NATURAL GAS CO. - BOX 990 - FARMINGTON, NM 87401

II. DESCRIPTION OF WELL AND LEASE

Lease Name Filan	Well No. 2	Pool Name, including Formation Blanco S-PC	Kind of Lease State, Federal or Fee SF	Fed SF	Lease No. 078461
Location Unit Letter <u>K</u> : <u>1450</u> Feet From The <u>South</u> Line and <u>1800</u> Feet From The <u>West</u> Line of Section <u>5</u> Township <u>27N</u> Range <u>8W</u> , NMPM, <u>San Juan</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>[REDACTED]</u>	BOX 990 - FARMINGTON, NM 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
EL PASO NATURAL GAS CO.	BOX 990 - FARMINGTON, NM 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? when
	K 5 27N 8W Yes

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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.

[Signature]
(Signature)
DISTRICT PRODUCTION SUPERINTENDENT
(Title)
MAY 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED [Signature] MAR 12 1986
BY [Signature]
SUPERVISOR DISTRICT #3
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, 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.