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OPERATOR	
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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

I. Operator
Union Texas Petroleum Corporation

Address
P. O. Box 1290, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)
☐ New Well
☐ Recompletion
☐ Change in Ownership

Change in Transporter of:
☒ Oil
☐ Gashead Gas
☐ Dry Gas
☐ Condensate

Other (Please explain)

OCT 03 1984
OIL CON. DIV.
DIST. 3

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Angel Peak "B"	Well No. 22-E	Pool Name, including Formation Armenta Gallup	Kind of Lease State, Federal or Fee Fed. SF	Lease No. 047017-A
Location Unit Letter F : 1750 Feet From The North Line and 1650 Feet From The West Line of Section 13 Township 28N Range 11W, NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Gary Energy Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 489, Bloomfield, N.M. 87413
Name of Authorized Transporter of Gashead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Union Texas Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1290, Farmington, N.M. 87499
If well produces oil or liquids, give location of tanks. Unit F Sec. 13 Twp. 28N Rng. 11W	Is gas actually connected? Yes When

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.

Kenneth E. Roddy
Kenneth E. Roddy (Signature)
Area Production Superintendent
(Title)
9/27/84
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 01 1984, 19
BY Frank J. O'Quinn
TITLE SUPERVISOR DISTRICT # 3

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 deviation 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.

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AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Union Texas Petroleum Corporation	
Address P. O. Box 1290, Farmington, New Mexico 87499	
Reason(s) for filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Condensate Gas <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Condensate
Other (Please explain) OCT 03 1984 OIL CONSERV. DIV. DIST. 3	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Angel Peak "B"	Well No. 22-E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Fed. SF	Lease No. 047017-A
Location Unit Letter <u>F</u> ; <u>1750</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>West</u> Line of Section <u>13</u> Township <u>28N</u> Range <u>11W</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"/> Gary Energy Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 489, Bloomfield, N.M. 87413
Name of Authorized Transporter of Condensate Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Southern Union Gathering Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 26400, Albuquerque, N.M. 87125
If well produces oil or liquids, give location of tanks.	Unit : <u>F</u> Sec. : <u>13</u> Twp. : <u>28N</u> Rge. : <u>11W</u> Is gas actually connected? <u>Yes</u> When _____

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.

Kenneth E. Roddy
Kenneth E. Roddy (Signature)
Area Production Superintendent
(Title)
9/27/84
(Date)

OIL CONSERVATION DIVISION
NOV 01 1984
APPROVED _____, IS _____
BY Frank J. [Signature]
TITLE SUPERVISOR DISTRICT # 3

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