

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

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| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| FORMATION OFFICE | |

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)

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

Other (Please explain)

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

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------|--|---|-----------------------|
| Lease Name Zachry | Well No. 54 | Pool Name, including Formation Armenta Gallup | Kind of Lease State, Federal or Fee Fed. SF | Lease No. 080724-A |
| Location Unit Letter <u>M</u> : <u>715</u> Feet From The <u>South</u> Line and <u>925</u> Feet From The <u>West</u> Line of Section <u>12</u> Township <u>28N</u> Range <u>10W</u> , N.M.P.M., <u>San Juan</u> 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 Casinghead Gas <input 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: <u>M</u> Sec: <u>12</u> Twp: <u>28N</u> Rng: <u>10W</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)
10/5/84
(Date)

OIL CONSERVATION DIVISION

APPROVED _____ 1984, 19 _____

BY Frank J. [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 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 filled out for each pool in multiply completed wells.

RECEIVED
OCT 10 1984
OIL CON. DIV.
DISTRICT # 3