STATE OF NEW MEXICO ENERGY NO MINERALS DEPARTMENT

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LAMO OFFICE				_
TRAMSPORTER	DIL	I	Ī	
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OPERATOR .		Π	Ι	
PROBATION DES	YCZ.	$\overline{}$	1	7

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

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

Separate Forms C-104 must be filed for each pool in multiply completed wells.

REQUEST FOR ALLOWABLE AND

	~017OK	ZATION TO TRA	KSPUR I UII	L AND NATI	URAL GAS			
Union Texas Petroleum Corporation				$M \approx 10^{-10}$				
P. O. Box 1290, Farmir		Mexico 87499				M. m.		
Recesor(s) for filing (Check proper box New Well Recompletion Change in Ownership	Ori	Transporter of:	Dry Gas-	Other (Pleas	Se EXPIRIAL AND SE SESSION SES			
change of ownership give name address of previous owner				·				
. DESCRIPTION OF WELL AN		Pool Name, including						
Zachry	54	Armenta Gal			State. Federal or Fee Federa	1 SF 080724-A		
Unit Letter M : 7	15 Feet From	South L	ine and	925	Foot From The West	T aviza		
Line of Section 12 Tow	mahip 281	N Range	10W	, NUPI	. San Juan	Caunty		
II. DESIGNATION OF TRANSP	ORIER OF O	IL AND NATURA	L GAS		to watch approved copy of this form	ZIE W 1000		
Conoco, Inc. Surface T	ransportat	ion	P. 0.	Box 1429	, Bloomfield, N.M. 87	7413		
Union Texas Petroleum (_	1		o, Farmington, N.M.	•		
f well produces oil or liquids, ive location of tanks.	ом , s-с. ! М !12	28N 10W	Yes	שמווץ במתחפכוי	ed? When			
this production is commingled with			, give comm	ingling order	number:			
OTE: Complete Parts IV and V		le if necessary.	11 .	C., C.				
. CERTIFICATE OF COMPLIAN				الله الله	ONSERVATION DIVISION	e de la companya de l		
errory certify that the rules and regulation on complied with and that the information is knowledge and belief.				VED	Eran S			
	DIL		TITLE.	 -	SUPERVISOR DISTORT	「華 3		
Kenneth E. Roddy Signature	. ,		If the	uper a si sir. S (orm mus)	be filed in compliance with Ri est for allowable for a newly d be accompanied by a tabulatio	rilled or deepened		
Area Production Supering (Tible 4/26/85			able on	sections of t	rell in accordance with RULE this form must be filled out componented wells.	mietely for allow-		
(Date	,		Fill well nam	out only 5. e or number,	ections I, II, III, and VI for coor transporter, or other such chi	hanges of owner, ange of condition.		