STATE OF NEW MEXICO NEGY MO MINERALS DEPARTMENT

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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

	SOUR OIL AND HATURAL GAS		
Union Texas Petroleum Corporation			
Address			
P. O. Box 1290, Farmington, New Mexico 87499	APR 2 5 1985		
New Well Change in Transporter et:	Other (Please explain)		
Comme to Comments	Dry Gas Condensus		
change of ownership give name of address of previous owner			
DESCRIPTION OF WELL AND LEASE			
Well No. Pool Name, Including	Formation Kind of Lease Federal Lease No.		
Congress 6-E Basin Dakota	State, Federal or Fee SF 047020-B		
Unit Letter 0 : 990 Feet From The South Line and 1790 Feet From The East			
Line of Section 35 Township 29N Range	11W Number Com lune		
County			
L. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS COMP OF AUGUSTAL Transporter of Oil Consensate Address (Give address to which approved copy of this form is to be sent)			
Conoco, Inc. Surface Transportation	P. O. Box 1429 Bloomfield N.M. 97412		
Southern Union Gathering Company ar Dry Gas XX Address (Give address to which approved copy of tals form is to be P. O. Box 26400, Albuquerque, N.M. 87125			
well produces oil or liquids. Unit Sec. Twp. Rgs. ve location of tanks. 0 35 29N 11W	is que actually connected? , when		
his production is commingled with that from any other lease or pool,	! Yes !		
OTE: Complete Parts IV and V on reverse side if necessary.	Size committains ones unmper		
CERTIFICATE OF COMPLIANCE			
The state of the s			
reby certify that the rules and regulations of the Oil Conservation Division have a compiled with and that the information given is true and complete to the best of	APPROVED		
knowicage and beilief.	BY		
	TITLE		
Dennatt & Kally	This form is to be filed in compliance with RULE 1104.		
Kenneth E. Roddy (Signature)	If this is a request for allowable for a newly drilled or deepened well, this form must be accommanied by a tabulation of the		
Area Production Superintendent	tages the all the accordance with BAFE 111'		
4/26/85	All sections of this form must be filled out completely for allowable on new and recompleted wells.		
(Date)	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-ID4 must be filled for each pool in multiply completed wells.		