

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

|                       |     |  |
|-----------------------|-----|--|
| NO. OF LAMPS RECEIVED |     |  |
| DISTRIBUTION          |     |  |
| SANTA FE              |     |  |
| FILE                  |     |  |
| VAC.                  |     |  |
| KANG OFFICE           |     |  |
| TRANSPORTER           | OIL |  |
|                       | GAS |  |
| OPERATOR              |     |  |
| OPERATION OFFICE      |     |  |

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

|                                              |                                                                                                                                                           |
|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| I. Operator                                  |                                                                                                                                                           |
| Union Texas Petroleum Corporation            |                                                                                                                                                           |
| Address                                      |                                                                                                                                                           |
| P. O. Box 1290, Farmington, New Mexico 87499 |                                                                                                                                                           |
| Reason(s) for filing (Check proper box)      | Other (Please explain)                                                                                                                                    |
| <input type="checkbox"/> New Well            | Change in Transporter of:<br><input type="checkbox"/> Oil<br><input type="checkbox"/> Crude/Refined Gas<br><input checked="" type="checkbox"/> Condensate |
| <input type="checkbox"/> Recompletion        |                                                                                                                                                           |
| <input type="checkbox"/> Change in Ownership |                                                                                                                                                           |

## II. DESCRIPTION OF WELL AND LEASE

|                                   |          |                                |               |                               |               |           |
|-----------------------------------|----------|--------------------------------|---------------|-------------------------------|---------------|-----------|
| II. DESCRIPTION OF WELL AND LEASE |          |                                |               |                               | Lease No.     |           |
| Lease Name                        | Well No. | Pool Name, including Formation |               | Kind of Lease                 |               | Lease No. |
| Payne                             | 5-A      | Blanco Mesaverde               |               | State, Federal or Fee Fed. SF |               | 080517    |
| Location                          |          |                                |               |                               |               |           |
| Unit Letter                       | 0        | 1140                           | Feet From The | South                         | Line and      | 1725      |
|                                   |          |                                |               |                               | Feet From The | East      |
| Line of Section                   | 27       | Township                       | 32N           | Range                         | 10W           | NMPM.     |
|                                   |          |                                |               |                               |               | San Juan  |
|                                   |          |                                |               |                               |               | County    |

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| 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) |      |      |                            |      |
| Gary Energy Corporation                                                                                                  |      | P. O. Box 489, Bloomfield, N.M. 87413                                    |      |      |                            |      |
| 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) |      |      |                            |      |
| Southern Union Gathering Company                                                                                         |      | P. O. Box 26400, Albuquerque, N.M. 87125                                 |      |      |                            |      |
| If well produces oil or liquids,<br>give location of tanks.                                                              | Unit | Sec.                                                                     | Twp. | Rge. | is gas actually connected? | When |
|                                                                                                                          | 0    | 27                                                                       | 32N  | 10W  | 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.

Kenneth E. Lohdy

Kenneth E. Roddy (Signature)  
Area Production Superintendent

744

10/3/84

(24)

## OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_ NOV 01 1934  
BY Frank \_\_\_\_\_  
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 allow-  
able on new and recompletable wells.

Fill out only Sections I and II for each well of owner's  
well name or number, or location for which such change of condition  
Separate Forms C-10 must be filed for each pool in multiple  
completed wells.

OCT 10 1984

OIL CON. DIV.  
DIST. 3