

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATOR		
PRODUCTION OFFICE		

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

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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
UMC PETROLEUM CORPORATION

Address
1201 LOUISIANA, SUITE 1400, HOUSTON, TEXAS 77002

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input checked="" type="checkbox"/> Dry Gas	Other (Please explain)
<input type="checkbox"/> Recompletion		<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership				

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name PARKWAY W.	Well No. 6	Pool Name, including Formation WEST PARKWAY (MORROW)	Kind of Lease State, Federal or Fee	Lease No. L6250
Location Unit Letter <u>0</u> : <u>1980</u> Feet From The <u>EAST</u> Line and <u>660</u> Feet From The <u>SOUTH</u>				
Line of Section <u>21</u> Township <u>19S</u> Range <u>29E</u> , NMPM, <u>EDDY</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"/>	Address (Give address to which approved copy of this form is to be sent)
KOCH	P.O. BOX 2256, WICHITA, KS 67201
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)
DELAWARE NATURAL GAS COMPANY	9111 JOLLYVILLE, AUSTIN, TEXAS 78759
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>0</u> Sec. <u>21</u> Twp. <u>19S</u> Rge. <u>29E</u>	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.

Steve W. Manley
(Signature)
OPERATIONS ENGINEER
(Title)
JUNE 24, 1991
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL - 3 1991, 19____
BY ORIGINAL SIGNED BY
MIKE WILLIAMS
TITLE SUPERVISOR, DISTRICT II

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 multiple completed wells.

