STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

| SANTA FE | ERVATION DIVISION Form C-104 Revised 10-01-78 Format 06-01-83 Page 1 |
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| TRANSPORTER OIL / FEB -9 1987 | E, NEW MEXICO 87501 |
| OPERATOR CAL PLAN CONTRACTOR REPUE | ST FOR ALLOWABLE |
| AUTHORIZATION TO T | AND TRANSPORT OIL AND NATURAL GAS |
| Derator | |
| Union Oil Company of California | |
| Address | 70.70.2 |
| P. O. Box 671 Midland, Texas 7 Reeson(s) for filing (Check proper box) | Other (Please explain) |
| New Well Change in Transporter of: | |
| Recompletion Oil | X Dry Gas |
| Change in Ownership Casinghead Gas A)D | D X Condensate |
| If change of ownership give name | |
| II. DESCRIPTION OF WELL AND LEASE | |
| Lease Name Well No. Pool Name, Incl | Juding Formation Kind of Lease Loase ! |
| Barclay Federal 1 Undesid | nated - Morrow State, Federal or Fee Federal NM2208 |
| | The Line and 1980 Feet From The West |
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| III. DESIGNATION OF TRANSPORTER OF OIL AND NAT | |
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| Name ci Authorized Transporter of Cli or Condensate X Koch Oil Co. | TURAL GAS Address (Give address to which approved copy of this form is to be sent) Box 1558 Breckenridge, Tx 76024 |
| Name of Authorized Transporter of Cli or Condensate X Koch Oil Co. Name of Authorized Transporter of Casingnead Gas or Dry Gas | TURAL GAS Address (Give address to which approved copy of this form is to be sent) Box 1558 Breckenridge, Tx 76024 X Address (Give address to which approved copy of this form is to be sent) |
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| Name of Authorized Transporter of Cli or Condensate X Koch Oil CO. Name of Authorized Transporter of Casinghead Gas or Dry Gas Citigas Corporation If well produces off or liquids. Unit Sec. [Twp.]1 give location of tanks. N 1 235 [3] | TURAL GAS Address (Give address to which approved copy of this form is to be sent) BOX 1558 Breckenridge, Tx 76024 X Address (Give address to which approved copy of this form is to be sent) 200 N. Loraine Midland, Tx 79701 Rge. 1s gas actually connected? Yes 5-7-86 |
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