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AND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
LOCATION OFFICE	

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Company Name: Union Texas Petroleum Corporation
Address: P. O. Box 1290, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

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

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name Jicarilla "N"	Well No. 2	Pool Name, including Formation Basin Dakota	Kind of Lease Federal	Lease No. 418
			State, Federal or Fee Jic. Con.	

Location

Unit Letter: N ; 790 Feet From The South Line and 1850 Feet From The West

Line of Section: 3 Township: 24N Range: 5W, NMPM, Rio Arriba County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Conoco, Inc. Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1429, Bloomfield, N.M. 87413
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4990, Farmington, N.M. 87499

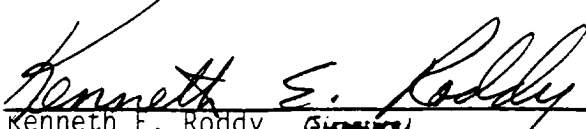
Well produces oil or liquids, or location of tanks.	Unit N	Sec. 3	Twp. 24N	Rge. 5W	Is gas actually connected? Yes	When
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If this production is commingled with that from any other lease or pool, give commingling order number:


NOTE: Complete Parts IV and V on reverse side if necessary.

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. Roddy (Signature)
Area Production Superintendent
(Title)
4/26/85
(Date)

OIL CONSERVATION DIVISION

APPROVED _____
BY 
TITLE SUPERVISOR DIST. 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 allowable on new and recompletions.
Fill out only Sections I, II, III, and IV for changes of owner, well name or number, transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

RECEIVED
APR 26 1985
OIL CON. DIV.
DIST. 3