## STATE OF NEW MEXICO ENERGY NO MINERALS DEPARTMENT

		T	
DISTRIBUTI	04	$\dagger -$	ī
SAWTA PE			
FILE			
U-A-G-A-			
LAND OFFICE			
TRAMSPORTER	OIL		_
	-		
OPERATOR .			
PROBATION OFFICE			-

## 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

Separate Forms C-104 must be filed for each pool in multiply

## REQUEST FOR ALLOWABLE AND

I.	authorization to tran	SPORT OIL AND NATI	URAL GAS	
Operator			<del></del>	
Union Texas Petroleum Cor	poration			
			WEG.	* <del>, '</del>
P. O. Box 1290, Farmingto Receson(s) for filing (Check proper box)	n, New Mexico 87499			
	Change in Transporter of:	Other (Pleas	MAN -	
Recompletion		Dry Gas	MAY C 7 IL	
Change in Ownership	Casingheed Cos	Condensere	OIL COT	
			DIST. C	<del></del>
If change of ownership give name and address of previous owner			<b></b>	
II. DESCRIPTION OF WELL AND LEA				
Jicarilla "G"			Kind of Lease	Leans No.
Location	6-M   Blanco Mesave	rae	State, Federal or Fee Fe	deral Jic Con 15
Unst Letter D : 800	sansana North	975	- Wast	
Onk Line	Peer From The Trot Cit 1	.ne- cod	Feet From The WEST	,
Line of Section 2 Township	26N Range	5W , NMPL	. Rio Arriba	County
III. DESIGNATION OF TRANSPORTE		L GAS	·	
Conoco, Inc. Surface Transported Out or Condensate \( \text{None of Authorized Transported Copy of this form is to be sent)} \)  P. O. Box 1429, Bloomfield, N.M. 87413				
Name of Authorized Transporter of Casinghea			9, Bloomfield, N.M	
Gas Company of New Mexico	u, o (a)	1		· ·
If well produces oil or liquids, Unit	Sec. Twp. Rge.	1 P. U. BOX 264	00, Albuquerque, N	.M. 8/125
give location of tanks.	2 26N 5W	Yes	1	
! this production is commingled with that			number	
NOTE: Complete Parts IV and V on re	everse side if necessary.			
7. CERTIFICATE OF COMPLIANCE		OILC	ONSERVATION DIVIS	iion
hereby certify that the rules and regulations of the	on Oil Connersion District St.		MAY	07h 1985
ten compiled with and that the information given		APPROVED		روا ، ا
w knowledge and belief.	•	BY	Drank J.	Junez/
			SUPERVISOR DIST	RICT # 1
		TITLE		
Rechara Marine	,		be filed in compliance w	
Barbara Norman Signature)	$\sim$	If this is a request for allowable for a newly drilled or despensed well, this form must be accompanied by a tabulation of the deviation		
Production Technician		tests taken on the w	rell in accordance with R	nrg ill'
(Tiele)		All sections of able on new and rec	this form must be filled or	at completely for allow-
5/6/85		Fill out only S	ections to the sed UT	for change of areas
(Dett)	1	well name or number,	or waneporter, or other su	en change of condition.

completed wells.