

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
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OPERATOR	
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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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
FEB 07 1985
OIL CON
DIST

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 <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate
Nomenclature change according to Order No. R-7764 Well #135	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla "J"	Well No. 25	Pool Name, including Formation West Lindrith Gallup Dakota	Kind of Lease State, Federal or Fee	Federal Jic. Cont.	Lease No. No. 153
Location Unit Letter <u>A</u> : <u>940</u> Feet From The <u>North</u> Line and <u>1100</u> Feet From The <u>East</u> Line of Section <u>36</u> Township <u>26N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Gary Energy Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 489, Bloomfield, N.M. 87413					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Gas Company of New Mexico	Address (Give address to which approved copy of this form is to be sent) P. O. Box 26400, Albuquerque, N.M. 87125					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 36	Twp. 26N	Res. 5W	Is gas actually connected? Yes	When

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

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
Kenneth E. Roddy (Signature)
Area Production Superintendent
(Title)
2/5/85
(Date)

OIL CONSERVATION DIVISION

APPROVED Frank J. Stacey, 19 85
BY Frank J. Stacey
TITLE SUPERVISOR DISTRICT 11, 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 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 multiply
completed wells.