## STATE OF NEW MEXICO NERGY 440 MINERALS DEPARTMENT

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

Form C-104 Revised 10-01-78 Format 05-01-83 Page 1

## RECLEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Desirated .									
Union Texas Petroleum Co	rporation					<del></del>			
44 <del>47948</del>	1 101 401011	<del></del>	<del></del>		Fet.		<del></del>		
P. O. Box 1290, Farmingt	on, New Mex	ico 87499				-	·~		
ooson(s) for filing (Check proper box)		<del> </del>		Other (Please	expian)		<del></del>		
New Yell	Change in Transi	pomer et:			•	-			
Recompletion	on	:	Dry Gos	ĺ	r*-	. 3	ra •		
Change in Ownership	Casingheed	Ces X	Condensers		6/2				
thange of ownership give name Laddress of previous owner				0.37, 3					
. DESCRIPTION OF WELL AND LE	A STP								
well No.   Pool Name, including Formation					Kind of Lease	Federal	Lease No.		
Jicarilla "H"	6-Y Bas	sin Dakota			State, Federal or Fee	Jic.Con.	103		
poettien				<u> </u>	<del></del>		100		
Unit Letter M : 990 Feet From The South Line and 1070 Feet From The West									
Line of Section 20 Township	26N	Range	4W	, мири,	Rio Arriba		County		
I. DESIGNATION OF TRANSPORT	FROFOIT AN	א מודר אור רונ	T GAS						
come of Authorized Transporter of CII	or Condenser	Le 🔯	Andress (	Give address t	o watch approved copy	of thus form us to	he seuf l		
Conoco, Inc. Surface Transportation P. O. Box 1429 Bloomfield N. M. 87413					•				
Gas Company of New Mexico	aa Cos	on cas 🔯	P. O. Box 26400, Albuquerque, N.M. 87125						
well produces oil or liquids, Per location of tones.	, Sec.   Tv	-p. Ree. 26N : 4W	is gas actually connected? When Yes						
this production is commingled with the			Sine comm	ungling order	number:				
OTE: Complete Parts IV and V on i	reverse side if n	ecessary.							
. CERTIFICATE OF COMPILANCE OIL CONSERVATION DIVISION									
ereby certify that the rules and regulations of the Oil Conservation Division have						•			
m complied with and that the information given knowledge and belief.	is true and comple	त्तर क कंट केटर वर्ष	of BY						
	11		TITLE		ELGE	THIS OF DEPT A			
1/2 4 - 1/1			This form is to be filed in compliance with RULE 1104.						
15 this is a mount for all anothing for									
Well, this iom				is iona musi.	be accompanied by a ell in accordance wi	tabulation of	the deviation		
4/26/85			All sections of this form must be filled out completely for allowable on new and recompleted wells.						
(Date)  Fill out only Sections I. II. III, and VI for that well name or number, or transporter, or other such than				it such change	of concilion				
		•	Sep. complete	arate Forms	C-104 must be filed	for each post	in multiply		