

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRODUCTION OFFICE	

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"/> Recombination <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Gashead Gas <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Condensate

If change of ownership give name  
and address of previous owner \_\_\_\_\_

I. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla "F"	Well No. 7	Pool Name, including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee Fed. Jic.	Lease No. Cont.107
Location Unit Letter <u>K</u> : <u>1850</u> Feet From The <u>South</u> Line and <u>1520</u> Feet From The <u>West</u> Line of Section <u>28</u> Township <u>26N</u> Range <u>4W</u> N.M.P.M. Rio Arriba County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" 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 Gashead Gas <input type="checkbox"/> or Dry Gas <input checked="" 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 K	Sec. 28	Twp. 26N	Range 4W	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.

7. 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)  
10/1/84  
(Date)

OIL CONSERVATION DIVISION  
APPROVED NOV 01 1984, 19\_\_\_\_\_  
BY Frank J. Cane  
TITLE SUPERVISOR DISTRICT # 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.

RECEIVED

OCT 10 1984

OIL CON. DIV.