STATE OF NEW MEXICO ENERGY NO 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 06-01-83 Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
Union Texas Petroleum	Corporation			
P. O. Box 1290, Farmi	ngton. New Mexico 8740	99		
New Weil Recompletion Change in Ownership	Change in Transporter of:	Dry Gas		
f change of ownership give name and address of previous owner	Casinghood Gas	City Carried		
I. DESCRIPTION OF WELL AND	LEASE	DIST. 3		
Jicarilla "J" Location Uast Latter K . 1693		th Gallup Dakota Stone, Foderal or Fee Jic.Con. 153		
Line of Section 36 Town		Line and 1662 Feet From The West 5W , NMPM, Rio Arriba County		
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Number of Authorized Transporter of Oil X or Condensate Conoco, Inc. Surface Transportation Hame of Authorized Transporter of Casingness Cas X or Dry Cas X Gas Company of New Mexico Control of Sec. Two Rige. Control of Sec. Two Rige. Control of Sec. Two Rige. Control of Sec. Two Rige.		P. O. Box 1429, Bloomfield, N.M. 87413 Address (Give address to which approved copy of this form is to be sent) P. O. Box 26400, Albuquerque, N.M. 87125 Is gas actually connected? NO		
this production is commingled with IOTE: Complete Parts IV and V	that from any other lease or pool on reverse side if necessary.	give commingling order number:		
I. CERTIFICATE OF COMPLIANCE necesty certify that the rules and regulations of the Oil Conservation Division have en complied with and that the information given is true and complete to the best of y knowledge and belief.		OIL CONSERVATION DIVISION APPROVED Stank Way APPROVED WAY APPROVED APPROVED STANK APPROVED APPROVED STANK APPROVED STANK APPROVED APPROVED STANK APPROVED APPR		
Barbara Norman Rights Production Technician 5/7/85	ynn	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 our completely for silowable on new and recompleted wells. Fill out only Sections 1. II. and VI for changes of owner, well name or number, or tanaparter of other visits.		
/		well name or number, or Unanaporter, or other such change of owner, Separate Forms C-104 must be filed for each pool in multiply completed wells.		