

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

Union Texas Petroleum Corporation

Address

P. O. Box 1290, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)

RECEIVED
MAY 10 1985
OIL CON. DIV.
DIST. 3

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla "J"	Well No. 23-A	Pool Name, including Formation West Lindrith Gallup Dakota	Kind of Lease State, Federal or Fee	Federal Jic. Con.	Lease No. 153
Location Unit Letter <u>J</u> : <u>1845</u> Feet From The <u>South</u> Line and <u>1707</u> Feet From The <u>East</u> Line of Section <u>25</u> Township <u>26N</u> Range <u>5W</u> , NMPM. Rio Arriba County					

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco, Inc. Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1429, 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 J	Sec. 25	Twp. 26N	Rgs. 5W	Is gas actually connected? No	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.

III. CERTIFICATE OF COMPLIANCE

I 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.

Barbara Norman
Barbara Norman (Signature)
Production Technician
(Title)
5/7/85
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 10 1985
BY Frank J. Dwyer
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.