

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
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SANTA FE	
FILE	
U.S.G.L.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. 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 checked="" type="checkbox"/> Oil <input type="checkbox"/> Condensate Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	Other (Please explain)
<input type="checkbox"/> Recompletion		
<input type="checkbox"/> Change in Ownership		

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

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

<u>Lease Name</u> Jicarilla "J"	<u>Well No.</u> 14-E	<u>Pool Name, including Formation</u> Tapacito Gallup	<u>Kind of Lease</u> State, Federal or Fee	<u>Federal</u> Jic. Con.	<u>Lease No.</u> 153
<u>Location</u>					
<u>Unit Letter</u> G	<u>1850</u>	<u>Feet From The</u> North	<u>Line and</u> 1850	<u>Feet From The</u> East	
<u>Line of Section</u> 35	<u>Township</u> 26N	<u>Range</u> 5W	<u>N.M.P.M.</u> Rio Arriba	<u>County</u>	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

<u>Name of Authorized Transporter of Oil</u> <input checked="" type="checkbox"/> <u>or Condensate</u> <input type="checkbox"/> Conoco, Inc. Surface Transportation	<u>Address (Give address to which approved copy of this form is to be sent)</u> P. O. Box 1429, Bloomfield, N.M. 87413					
<u>Name of Authorized Transporter of Gas</u> <input checked="" type="checkbox"/> <u>or Dry Gas</u> <input type="checkbox"/> Gas Company of New Mexico	<u>Address (Give address to which approved copy of this form is to be sent)</u> P. O. Box 26400, Albuquerque, N.M. 87125					
<u>If well produces oil or liquids, give location of tanks.</u>	<u>Unit</u> G	<u>Sec.</u> 35	<u>Twp.</u> 26N	<u>Rge.</u> 5W	<u>Is gas actually connected?</u> Yes	<u>When</u>

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.

IV. 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. O'Neil
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 allowable 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.