

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 06-01-83  
Page 1

NO. OF TONNES DESIGNED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.D.	
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)**  
☐ New Well  
☐ Recompletion  
☐ Change in Ownership  
☐ Change in Transporter of:  
☐ Oil  
☐ Casinghead Gas  
☐ Dry Gas  
☒ Condensate  
**Other (Please explain)**

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

<b>Lease Name</b> Jicarilla "G"	<b>Well No.</b> 1-E	<b>Pool Name, including Formation</b> B.S.Mesa Gallup-Basin Dakota	<b>Kind of Lease</b> Federal State, Federal or Fee Jic.Con.	<b>Lease No.</b> 150
<b>Location</b> Unit Letter <u>F</u> : <u>1656</u> Feet From The <u>North</u> Line and <u>1979</u> Feet From The <u>West</u> Line of Section <u>1</u> Township <u>26N</u> Range <u>5W</u> , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

<b>Name of Authorized Transporter of Oil</b> <input type="checkbox"/> or <b>Condensate</b> <input checked="" type="checkbox"/> Conoco, Inc. Surface Transportation	<b>Address (Give address to which approved copy of this form is to be sent)</b> P. O. Box 1429, Bloomfield, N.M. 87413
<b>Name of Authorized Transporter of Casinghead Gas</b> <input type="checkbox"/> or <b>Dry Gas</b> <input checked="" type="checkbox"/> Gas Company of New Mexico	<b>Address (Give address to which approved copy of this form is to be sent)</b> P. O. Box 26400, Albuquerque, N.M. 87125
<b>If well produces oil or liquids, give location of tanks.</b> Unit <u>F</u> : <u>1</u> : <u>26N</u> : <u>5W</u>	<b>Is gas actually connected?</b> <u>No</u> <b>When</b>

If this production is commingled with that from any other lease or pool, give commingling order number: R-7538

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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.

Kenneth E. Roddy  
Kenneth E. Roddy (Signature)  
Area Production Superintendent  
(Title)  
4/26/85  
(Date)

OIL CONSERVATION DIVISION  
APR 26 1985  
APPROVED Frank J. [Signature]  
BY Frank J. [Signature]  
TITLE SUPERVISOR DISTRICT 13  
This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the deviatric 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 multiple completed wells.