

NO. OF TOWNSHIP SECTIONS	
DISTRIBUTION	
SANTA FE	
FILE	
U.A.G.C.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PROMOTION OFFICE	

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

Form C-104
Revised 10-01-78
Format 06-01-83
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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"/> Oil <input type="checkbox"/> casinghead Gas <input checked="" type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Condensate	Other (Please explain)
<input type="checkbox"/> Recombination		
<input type="checkbox"/> Change in Ownership		

Change of ownership give name and address of previous owner

III. DESCRIPTION OF WELL AND LEASE

Lease Name Newsom "B"	Well No. 12	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Fed. SF	Lease No. 078384
Location Unit Letter <u>G</u> : <u>1835</u> Feet From The <u>North</u> Line and <u>1780</u> Feet From The <u>East</u> Line of Section <u>17</u> Township <u>26N</u> Range <u>8W</u> , NMPM, <u>San Juan</u> County				

IV. 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 Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, N.M. 87499					
Does well produce oil or liquids, give location of tanks.	Unit G	Sec. 17	Twp. 26N	Rge. 8W	Is gas actually connected? Yes	When

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.

V. 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)
10/2/84
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 00 1984, 19
BY Frank J. [Signature]
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. Other parts change of condition.
Separate Forms must be filled for each pool in multiply completed wells.

RECEIVED

OCT 10 1984

OIL CON. DIV.
DIST. 3