STATE OF NEW MEXICO ENERGY NO MINERALS DEPARTMENT

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U.A.G.A.		1	1	٦
LAND OFFICE				٦
THAMPORTER	OIL		T	٦
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PERATOR				٦
PROBATION 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 NATIRAL GAS

I. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
Union Texas Petroleum Corporation				
Address				
P. O. Box 1290, Farmington, New Mexico 87499 Ressents) for filing (Check proper box)				
New Woll Change in Transporter of:	Other (Please explain) Ory Gos. Condenses.			
If change of ownership give nacre and address of provious owner				
II. DESCRIPTION OF WELL AND LEASE				
Richardson 4 Basin Dakota	Formation Kind of Lease No. State, Federal or Fee Fed. SF 077972			
Unit Letter I : 1850 Feet From The South Line and 790 Feet From The East				
Line of Section 3 Township 27N Range	13W NMPM San Juan County			
M. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS None of Authorized Transporter of Oil or Condensate Gary Energy Corporation P. O. Box 489, Bloomfield, N.M. 87413 Name of Authorized Transporter of Casinghead Gas or Dry Gas (V) Address (Give address to which approved copy of this form is to be P. O. Box 990, Farmington, N.M. 87499 If well produces all or liquids, Unit Sec. Twp. Rgs. Is gas actually connected? When give location of tanks. I 3 27N 13W Yes				
this production is commingled with that from any other lease or pool, give commingling order number:				
I. CERTIFICATE OF COMPLIANCE DIL CONSERVATION DIVISION APPROVED APPROVED APPROVED y knowledge and belief.				
Kenneth E. Roddy Kenneth E. Roddy (Signature) Area Production Superintendent. (Tule) 10/3/84	TITLE SUPEVISOR 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.			
(Date) Fill out only Sections III and the position of owner, well name or number, or transports of the fluction condition. Separate Forms C-10 quant be filled for each position multiply completed wells. OCT 101984				

OIL CON. DIV.