

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
MAIL ROOM	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
OPERATION OFFICE	

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

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

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

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo Indian "B"	Well No. 5-M	Pool Name, including Formation Blanco Mesaverde	Kind of Lease State, Federal or Free	Lease No. Fed. I-149-IND-8468
Location Unit Letter <u>E</u> ; <u>1745</u> Feet From The <u>North</u> Line and <u>870</u> Feet From The <u>West</u>				
Line of Section <u>30</u> Township <u>27N</u> Range <u>8W</u> , N.M.P.M. <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Gary Energy Corporation	P. O. Box 489, Bloomfield, N.M. 87413
Name of Authorized Transporter of Conventional Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 990, Farmington, N.M. 87499
If well produces oil or liquids, give location of tanks.	Unit : Sec. : Twp. : Rge. : is gas actually connected? : When
	E : 30 : 27N : 8W : Yes :

If this production is commingled with that from any other lease or pool, give commingling order number: DHC-381

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)

10/2/84

(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 01 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 Section \_\_\_\_\_ of owner, well name or number, or transporter or other such data of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

OCT 10 1984

OIL CON. DIV.  
DIST. 3