STATE OF NEW MEXICO ENERGY NO MINERALS DEPARTMENT

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DISTRIBUTION		\top	ī
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PROBATION OFFICE			

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

Form C-104 Revised 10-01-78 Format 05-01-83 Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

	· · · · · · · · · · · · · · · · · · ·			
Operation				
Union Texas Petroleum Corporation				
Address				
P. O. Box 1290, Farmington, New Mexico 87499				
Roeson(s) for filing (Check proper box) Other (Please explain)				
New Well Change in Transpurser els				
Accession Oil Oil Dry Con				
Change in Ownership Casinghood Gas X C	andensers.			
change of ownership give name				
and address of previous owner				
I. DESCRIPTION OF WELL AND IEASE Lesses Names Weil No. Post Names, Including Formation Kind of Lease Lease				
Richardson 1-E Basin Dakota	Ladae No.			
Location 12L Dustil Dukoca	State. Federal or Fee Fed. SF 077972-A			
Unit Letter 0 : 840 Feet From The South Line and 1720 Feet From The East				
Unit Letter 0 : 040 Feet From The SOUTH Lie	e and 1/20 Feet From The East			
Line of Section 2 Township 27N Range	13W NMPM San Juan			
	13H , NMPM, Sall Utali County			
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
None of Authorized Transporter of OIL or Condensate (Address to which approved copy of this form is to be sent)				
·				
Name of Authorized Transporter of Castinghead Gas or Dry Gas [V]	P. O. Box 489, Bloomfield, N.M. 87413 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, Unit Sec. Twp. Rgs.	is gas actually connected? When			
give location of tanks. 0 ! 2 27N ! 13W	Yes			
this production is commingled with that from any other lease or pool, give commingling order numbers				
OTE: Complete Parts IV and V on reverse side if necessary.				
I. CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION				
hereby certify that the rules and regulations of the Oil Conservation Division have sen complied with and that the information given is true and complete to the best of				
y knowledge and belief.				
	CITATON			
	TITLE SUMRVISOR DISTRICT # 3			
This form is to be flied in compliance with RULE 1104.				
If this is a mount for all and it is				
Well, this form must be accompanied by a tabulation of the devication				
Area Production Superintendent touts taken on the well in accordance with RULE 111.				
(Tule) All sections of this form must be filled out completely for allowable on new and recompleted wells.				
10/5/04				
well name or number, or trapporting of elleth the transfer condition.				
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OIL CON. DIV.