

|                  |             |
|------------------|-------------|
| NO. OF TOWNSHIPS |             |
| DISTRICTS        |             |
| SANTA FE         |             |
| FILE             |             |
| NO. OF           |             |
| AND OFFICE       |             |
| TRANSPORTER      | OIL         |
|                  | NATURAL GAS |
| OPERATOR         |             |
| OPERATION OFFICE |             |

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

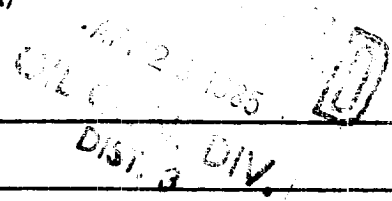
Name: Union Texas Petroleum Corporation

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"/> Dry Gas |
| <input type="checkbox"/> Recompletion        | <input type="checkbox"/> Casinghead Gas | <input checked="" type="checkbox"/> Condensate |                                  |
| <input type="checkbox"/> Change in Ownership |   |  |                                  |

Other (Please explain):



Change of ownership give name and address of previous owner:

DESCRIPTION OF WELL AND LEASE

| Well Name | Well No. | Pool Name, Including Formation | Kind of Lease         | Lease No. |
|-----------|----------|--------------------------------|-----------------------|-----------|
| State Com | 1-F      | Blanco Mesaverde               | State, Federal or Fee | B11017    |

Location: Unit Letter 0 ; 1062 Feet From The South Line and 1666 Feet From The East Line of Section 16 Township 28N Range 9W , NMPM, San Juan County

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) |
| Conoco, Inc. Surface Transportation  | P. O. Box 1429, Bloomfield, N.M. 87413                                   |
| Name of Authorized Transporter of Casinghead 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) |
| Union Texas Petroleum Corporation  | P. O. Box 1290, Farmington, N.M. 87499                                   |
| Well produces oil or liquids, give location of tanks.  | Unit Sec. Twp. Rge. Is gas actually connected? When                      |
|  | 0 16 28N 9W Yes  |

If 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.

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 (Signature)  
Area Production Superintendent  
(Title)

4/26/85 (Date)

OIL CONSERVATION DIVISION

APPROVED Frank J. Quigg, 1985  
BY \_\_\_\_\_  
TITLE SUPERVISOR DISTRICT \_\_\_\_\_

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, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.