STATE OF NEW MEXICO ENERGY MINERALS DEPARTMENT

PO. 00 (part 0 040		T		_
DISTRIBUTION		T	1	_
SANTA PE		ī	1	_
FILE		,	 -	_
U.1.G.1.		T	\top	_
LAMO OFFICE		\top	1	
TRAMEPORTER	OIL	ī	\top	7
	GAS	T	7	
OPERATOR		T	1	7
PROBATION OF	K.		\top	٦

OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Formal 06-01-83 Page-1

REQUEST FOR ALLOWABLE AND

	DRIZATION TO TRAN	SPORT OIL AND NATI	JRAL GAS			
Union Toyas Detvolem Comment	•					
Union Texas Petroleum Corporat	10n					
P. O. Box 1290, Farmington, Ne	w Mexico 87499					
Reason(s) for filing (Check proper box)	·	Other (Pleas	e explain)			
	in Transporter of:		•			
		Dry Gas				
		Condensate				
If change of ownership give name and address of previous owner						
II. DESCRIPTION OF WELL AND LEASE						
Leese Name Weil No	- Pool Name, Including I	ormation	Kind of Lease			
Zachry 38	Armenta Gallu	ıp.	State, Federal or Fee	Fed. SF	080724-A	
Location					1 300/21//	
Unit Letter K : 1800 Feet Fr	South	1845	Feet From The	West		
Line of Section 12 Township	28N Range	10W NMPH	. San Juan	· -		
III DESIGNATION OF TRANSPORTED OF				·· ···································	County	
III. DESIGNATION OF TRANSPORTER OF	OIL AND NATURA	L GAS				
Gary Energy Corporation		P. O. Box 489, Bloomfield, N.M. 87413				
Name of Authorized Transporter of Casinghead Gas (Address (Give address	o witch approved copy	11. 0/413	Ar tenti	
Union Texas Petroleum Corporat	ion	P. O. Box 1290, Farmington, N.M. 87499				
If well produces oil or liquids, Unit , Security location of tanks.	1	Yes	⊠7 When	· · · · · · · · · · · · · · · · · · ·		
f this production is commingled with that from a	ny other lexae or pool,	give commingling order	number:			
NOTE: Complete Parts IV and V on reverse:			***************************************			
T. CERTIFICATE OF COMPLIANCE						
		CIL CI	DNSERVATION DI	VISION		
hereby certify that the rules and regulations of the Oil Cocce compiled with and that the information given is true at	onservation Division have	APPROVED	\sim	4	9 8	
ay knowledge and belief.	ad complete to the best of	BY Srank	J. Jane /			
		TITLE	SUPERVISOR D	USTRICT # 3		
Kenneth E. Roday		This form is to	be filed in complianc			
Kenneth E. Roddy (Sieners)		If this is a recou	rat for allowable for			
Area Production Superintendent		well, this form must tests taken on the w	DE ACCOMMENIAN NO .	Ambarian	the deviation	
(Title)	·	All sections of t	his form must be 411-		ly for allow-	
10/5/84		ante of hear and lec	mpleted wells.			
(Dair)		wate manife of municipal,	ctions L. H. H. and or unanaporter, or other	Fauch Change	of condition	
	-	Separate Forms completed wells.	C1 ME BORE	PWET	In multiply	

OCT 1 0 1984

OIL CON. DIV. DIST 3