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	944		
OPERATOR .			
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 NATURAL GAS

Union Texas Petroleum Corporation				
Address				
P. O. Box 1290, Farmington, New Mexico 87499				
Receon(s) for filing (Check proper box)	Other (Please explain)			
Now Woll Change in Transporter of:	77 Gas			
	ondensers-			
Change of ownership give name and address of previous owner				
I. DESCRIPTION OF WELL AND LEASE				
Leann Hame Well No. Pool Name, Including F	Character Issue			
Prichard Federal 1-A Blanco Mesav	erde State, Federal or Fee Fed. SF 078487-B			
Location Court b	1050			
Unit Latter 0 : 830 Feet From The South	Feet From The East			
Line of Section 6 Township 29N Range	8W . NMPM. San Juan County			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS 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 Costinghead Cos or Dry Cos	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. Two. Rgs.	Is gas actually connected? When Yes			
I 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.				
I. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION			
NAV (1 1984)				
hereby certify that the rules and regulations of the Oil Conservation Division have een complied with and that the information given is true and complete to the best of				
ny knowledge and beilef.	BYaug			
	TITLE SUPERVISOR DISTRICT # 5			
$\mathcal{L}_{\mathcal{L}}$				
Kenneth E. Koddy	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepens.			
Kenneth E. Roddy (Signature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULS !!!.			
Area Production Superintendent	All sections of this form must be filled out completely for allow			
10/3/84	able on new and recompleted wells.			
(Dele)	Fill out only Sectional To The Transact of owner well name or number, or transactions. Hoter sufficient condition			
	Separate Forms C-10 Affust be flift for each month multiple			
	completed wells.			

OCT 1 0 1984

OIL CON. DIV. DIST. 3