

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF TONNES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PROBATION OFFICE	

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

If change of ownership give name and address of previous owner _____

RECEIVED
OCT 03 1984
OIL CON. DIV.
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name Calvin	Well No. 3	Pool Name, including Formation Armenta Gallup	Kind of Lease State, Federal or Fee	Lease No. Fee
Location				
Unit Letter <u>K</u> : <u>1722</u> Feet From The <u>South</u> Line and <u>2209</u> Feet From The <u>West</u>				
Line of Section <u>26</u> Township <u>29N</u> Range <u>11W</u> . NMPM. San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Gary Energy Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 489, Bloomfield, N.M. 87413
Name of Authorized Transporter of Casinhead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Union Texas Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1290, Farmington, N.M. 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>K</u> Sec. <u>26</u> Twp. <u>29N</u> Rng. <u>11W</u>	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.

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)
9/28/84
(Date)

OIL CONSERVATION DIVISION
APPROVED _____ 1984
BY Frank J. Davis
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 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.