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| SANTA FE               |     |
| FILE                   |     |
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| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PRODUCTION OFFICE      |     |

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Other (Please explain)  
APR 26 1985  
OIL CON. DIV.  
DIST. 2

Change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

|   |               |  |  |               |                     |
|---|---------------|--|--|---------------|---------------------|
| Lease Name<br>Federal "A"   | Well No.<br>2 | Pool Name, including Formation<br>Basin Dakota | Kind of Lease<br>State, Federal or Fee<br>SF | Federal<br>SF | Lease No.<br>078213 |
| Location<br>Unit Letter <u>G</u> : <u>1840</u> Feet From The <u>North</u> Line and <u>1750</u> Feet From The <u>East</u><br>Line of Section <u>25</u> Township <u>30N</u> Range <u>13W</u> , NMPM, <u>San Juan</u> County |               |  |  |               |                     |

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |
|--|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/><br>Conoco, Inc. Surface Transportation      | Address (Give address to which approved copy of this form is to be sent)<br>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"/><br>Southern Union Gathering Company | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 26400, Albuquerque, N.M. 87125 |
| If well produces oil or liquids, give location of tanks.<br>Unit <u>G</u> Sec. <u>25</u> Twp. <u>30N</u> Rge. <u>13W</u>                                     | Is gas actually connected? <u>Yes</u> When   |

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

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)  
4/26/85  
(Date)

OIL CONSERVATION DIVISION  
APPROVED APR 26 1985, 19  
BY  
TITLE DEPUTY OIL & GAS INSPECTION DIST. #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 deviated 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 multiphase completed wells.