

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">NUMBER OF COPIES RECEIVED</td></tr> <tr><td style="text-align: center;">DISTRIBUTION</td></tr> <tr><td>SANTA FE</td></tr> <tr><td>FILE</td></tr> <tr><td>U.S.G.S.</td></tr> <tr><td>LAND OFFICE</td></tr> <tr> <td>TRANSPORTER</td> <td>OIL</td> </tr> <tr> <td></td> <td>GAS</td> </tr> <tr><td>PRODUCTION OFFICE</td></tr> <tr><td>OPERATOR</td></tr> </table>	NUMBER OF COPIES RECEIVED	DISTRIBUTION	SANTA FE	FILE	U.S.G.S.	LAND OFFICE	TRANSPORTER	OIL		GAS	PRODUCTION OFFICE	OPERATOR	<p>NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO</p> <p>CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS</p> <p>FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE</p>	<p>FORM C-110 (Rev. 7-60)</p>																																																																																						
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Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td colspan="2"> Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input checked="" type="checkbox"/> Southern Union Gathering Company </td> <td> Date Connected 6/28/55 </td> <td colspan="2"> Address (give address to which approved copy of this form is to be sent) Attn: Mr. J. R. Bynum, Fidelity Union Tower Bldg., Dallas, Texas </td> </tr> <tr> <td colspan="5"> If gas is not being sold, give reasons and also explain its present disposition: </td> </tr> <tr> <td colspan="5" style="text-align: center;"> REASON(S) FOR FILING (please check proper box) </td> </tr> <tr> <td colspan="5"> <table style="width: 100%;"> <tr> <td>New Well <input type="checkbox"/></td> <td>Change in Ownership <input checked="" type="checkbox"/></td> </tr> <tr> <td colspan="2">Change in Transporter (check one)</td> </tr> <tr> <td>Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/></td> <td>Other (explain below)</td> </tr> <tr> <td>Casing head gas . <input type="checkbox"/> Condensate.. <input type="checkbox"/></td> <td></td> </tr> </table> </td> </tr> <tr> <td colspan="5" style="text-align: center;"> CHANGE OF OPERATOR FROM SOUTHERN UNION GAS COMPANY </td> </tr> <tr> <td colspan="5" style="height: 100px; vertical-align: top;">Remarks</td> </tr> <tr> <td colspan="5"> The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with. </td> </tr> <tr> <td colspan="5" style="text-align: center;"> Executed this the 13th day of March, 19 61. </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> OIL CONSERVATION COMMISSION Approved by Original Signed By A. R. KENDRICK </td> <td colspan="3" style="vertical-align: top;"> By ORIGINAL SIGNED BY ROBERT J. GRAF Title Robert J. Graf Jr. Exploration Engineer </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> Title PETROLEUM ENGINEER DIST. NO. 3 </td> <td colspan="3" style="vertical-align: top;"> Company Southern Union Production Company </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> Date APR 10 1961 </td> <td colspan="3" style="vertical-align: top;"> Address Fidelity Union Tower Bldg., Dallas, Texas </td> </tr> </table>			Company or Operator Southern Union Production Company			Lease Haynie	Well No. 1	Unit Letter G	Section 4	Township 30N	Range 11W	County San Juan	Pool Astec Pictured Cliffs			Kind of Lease (State, Fed, Fee) Fee		If well produces oil or condensate give location of tanks		Unit Letter G	Section 4	Township 30N			Range 11W			Authorized transporter of oil <input type="checkbox"/> or condensate <input checked="" type="checkbox"/> M & H Trucking Company or Luna-Eaves Trucking Company			Address (give address to which approved copy of this form is to be sent) Farmington, New Mexico		Is Gas Actually Connected? 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Job separation sheet

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PROBATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I.

Operator Supron Energy Corporation	
Address P. O. Box 808, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) Change name of Operator	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Haynie	Well No. 1	Pool Name, Including Formation Aztec Pictured Cliffs	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter G	1450	Feet From The North Line and 1850	Feet From The East	
Line of Section 4	Township 30N	Range 11W	San Juan	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
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)			
Southern Union Gathering Company	1st International Bldg., Dallas, Texas 75270			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
				Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Original Signed By
Rudy D. Motto

Rudy D. Motto (Signature)
Area Superintendent (Title)

July 11, 1977
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUL 14 1977**, 19_____
BY **ORIGINAL SIGNED BY N. E. MAXWELL, JR.**
TITLE **IMPROVEMENT INSPECTION**

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.



LTR

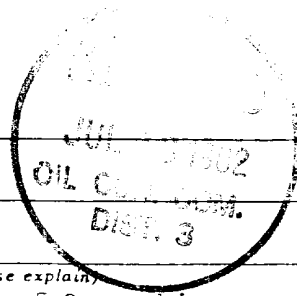


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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-
Effective 1-1-65



I. Operator
Union Texas Petroleum Corporation
Address
1860 Lincoln Street, Suite 1010, Denver, Colorado 80295
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
~~Change of Ownership to~~
~~Unicon Producing Company successor to~~
~~Supron Energy Corporation~~

If change of ownership give name and address of previous owner
Supron Energy Corporation, P. O. Box 808, Farmington, New Mexico 87401

II. DESCRIPTION OF WELL AND LEASE

Lease Name Haynie	Well No. 1	Pool Name, Including Formation Aztec Pictured Cliffs	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter G ; 1450 Feet From The North Line and 1850 Feet From The East Line of Section 4 Township 30N Range 11W , NMPM, San Juan County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
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)				
Southern Union Gathering Co.	First International Building Dallas, Texas 75201				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.	Is gas actually connected? When
					Yes 6-28-55

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
		X						
Date Spudded 8-12-54	Date Compl. Ready to Prod. 8-23-54	Total Depth 2238'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc., 5689' DF	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 2180'	Tubing Depth 2205'					
Perforations 2180-2238'	Depth Casing Shoe 2182'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	9-5/8"	134'	125					
7-7/8"	5 1/2"	2187'	150					
	1"	2205'						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Union Texas Petroleum Corporation

(Signature)

Vice-President

(Title)

6/10/82

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19

BY _____ Original Signature of _____

TITLE _____ DEPUTY OIL & GAS INSPECTOR, DIST. 43

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 name or number, or transporter, or other such change of condition.

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