STATE OF NEW MEXICO ENERGY NO MINERALS DEPARTMENT

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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

	SPORT DIL AND NATURAL GAS		
Union Texas Petroleum Corporation			
Address			
P. O. Box 1290, Farmington, New Mexico 87499 Recsen(s) for filing (Check proper box)	Other (Please explain)		
New Well Change in Transporter of:			
	andens the		
If change of ownership give name			
and address of previous owner			
II. DESCRIPTION OF WELL AND LEASE			
Reid "A" Well No. Pool Name, Inclusing F			
Reid "A" 1 Basin Dakota	State, Federal or Fee Fed. NM 004375		
Unit Letter A : 990 Feet From The North Line and 990 Feet From The East			
Line of Section 1 Township 30N Range	13W NMPM, San Juan County		
County County			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Number of Authorized Transporter of Cit. or Condensate (X) 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 Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)			
Southern Union Gathering Company P. O. Box 26400, Albuquerque, N.M. 87125			
If well produces oil or liquids, que location of tanks. Unit , Sec. Twp. Rqs.	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 OIL CONSERVATION DIVISION			
•	APPROVED NAVO 1984		
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	APPROVED . 1901		
my knowledge and beiief.	BY Xway		
•	TITLE SUPERVISOR DISTRICT # 3 0		
Kenneth E. Rosly	This form is to be filed in compliance with RULE 1104.		
Kenneth E. Roddy (Signature) well, this form must be accompanied by a tabulation of the deviation			
Area Production Superintendent			
(Tule)	able on new and recompleted wells.		
(Date)	Fill out only Sections I. II. III. and VI for changes of owner, well name or number, or page northly such than the condition.		
	Separate Forms Cath mast to the fire each odd in multiply completed wells.		

OCT 1 0 1984

OIL CON. DIV. DIST. 3