

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 COPIES DESIRED |     |
| DISTRIBUTION          |     |
| ANTA FE               |     |
| ILE                   |     |
| ADJ.                  |     |
| AND OFFICE            |     |
| TRANSPORTER           | OIL |
|                       | NAT |
| PERATOR               |     |
| LOCATION OFFICE       |     |

Union Texas Petroleum Corporation  
P. O. Box 1290, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

☐ New Well  
☐ Accomplishment  
☐ Change in Ownership  
Change in Transporter of:  
☐ Oil  
☐ Casinghead Gas  
☐ Dry Gas  
☒ Condensate

Other (Please explain)

Change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

| Well Name        | Well No. | Pool Name, including Formation | Kind of Lease<br>State, Federal or Fee | Federal<br>SF | Lease No. |
|------------------|----------|--------------------------------|----------------------------------------|---------------|-----------|
| Johnston Federal | 8        | Blanco Mesaverde               |                                        |               | 078439    |

Section  
Unit Letter N : 1090 Feet From The South Line and 1090 Feet From The West  
Line of Section 7 Township 31N Range 9W NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| Line of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Conoco, Inc. Surface Transportation                                                                                      | P. O. Box 1429, Bloomfield, N.M. 87413                                   |
| Line 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) |
| El Paso Natural Gas Company                                                                                              | P. O. Box 4990, Farmington, N.M. 87499                                   |

| Well produces oil or liquids,<br>no location of tanks. | Unit | Sec. | Twp. | Range | Is gas actually connected? | When |
|--------------------------------------------------------|------|------|------|-------|----------------------------|------|
|                                                        | N    | 7    | 31N  | 9W    | Yes                        |      |

Is production commingled with that from any other lease or pool, give commingling order number

NOTE: Complete Parts IV and V on reverse side if necessary.

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)

4/26/85

(Date)

RECEIVED  
APR 26 1985  
OIL CON. DIV.  
DIST. 3

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY Charles J. Miller

TITLE DEPUTY

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.