## STATE OF NEW MEXICO

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

Form C-104 Revised 10-01-78 Formal 05-01-83 Page 1

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT CIL AND NATURAL GAS

| er trade                                                                                                                                             |                                          |                         |                                                             |                     |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------|-------------------------------------------------------------|---------------------|--|
| Union Texas Petroleum Cor                                                                                                                            | poration                                 |                         |                                                             |                     |  |
| P. O. Box 1290, Farmingto                                                                                                                            | n, New Mexico 87499                      |                         |                                                             |                     |  |
|                                                                                                                                                      |                                          |                         |                                                             |                     |  |
| 1                                                                                                                                                    | Change in Transporter of:                | Other (Pleas            | e expieia)                                                  | 181                 |  |
|                                                                                                                                                      |                                          |                         | OCT 1019                                                    | 104                 |  |
|                                                                                                                                                      | <b>─</b>                                 | ry Cos                  | 1                                                           | nIV.                |  |
| Change in Ownership                                                                                                                                  | Castnoheed Cas (X) C                     | andens are              | OIL CON                                                     |                     |  |
| hange of ownership give name address of previous owner                                                                                               |                                          | •                       | DIST.                                                       | 3                   |  |
| DESCRIPTION OF WELL AND TE                                                                                                                           | A CT2                                    |                         |                                                             |                     |  |
| DESCRIPTION OF WELL AND LE                                                                                                                           | ADE<br>Well No.   Pool Name, Including F |                         |                                                             | <u> </u>            |  |
| Oxnard                                                                                                                                               | 1-A Blanco Mesave                        |                         | State, Federal or Fee Fed.                                  | SF 078510           |  |
| recion                                                                                                                                               |                                          | • .                     | ·                                                           |                     |  |
| Unit Letter C : 820                                                                                                                                  | Foot From The North                      | 1830                    | Feet From The West                                          |                     |  |
| Line of Section 8 Township                                                                                                                           | 31N Roman                                | 8W , NMPM               | . San Juan                                                  | County              |  |
| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS                                                                                                    |                                          |                         |                                                             |                     |  |
| es at Authorized Transporter of Cil                                                                                                                  | or Consensore (Y)                        | LAGOTTO (Cina address a | to which approved copy of this form                         |                     |  |
| Gary Energy Corporation                                                                                                                              | ,                                        | P. O. Box 489,          | Bloofield, N.M. 874                                         | 113                 |  |
| ne of Authorized Transporter of Casinghea                                                                                                            |                                          | Acares (Give address )  | to which approved copy of this form                         | is to be sent)      |  |
| Southern Union Gathering (                                                                                                                           |                                          |                         | O, Albuquerque, N.M.                                        | 87125               |  |
| e location of tanks.                                                                                                                                 | 8 31N 8W                                 | Yes                     | rd? ¦ When .                                                |                     |  |
| is production is commingled with that                                                                                                                | from any other lease or pool,            | give commingling order  | number:                                                     |                     |  |
| TE: Complete Parts IV and V on r                                                                                                                     | everse side if necessary.                |                         |                                                             | -                   |  |
| CERTIFICATE OF COMPLIANCE                                                                                                                            | 1                                        | ال ال ال ال             | DNSERVATION DIVISION                                        |                     |  |
| eby certify that the rules and regulations of d                                                                                                      | he Oil Conservation Division have        | APPROVED                | NOVA                                                        | 1 1984              |  |
| complied with and that the information given                                                                                                         | is true and complete to the best of      |                         |                                                             |                     |  |
| mowledge and belief.                                                                                                                                 |                                          | 5Y                      |                                                             | <del></del>         |  |
|                                                                                                                                                      |                                          | TITLE                   | SUPERVISOR I                                                | DISTRICT # 3        |  |
|                                                                                                                                                      | /                                        |                         |                                                             | <u> </u>            |  |
| Kenneth E. Koddy Girannel.  This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deeper |                                          |                         |                                                             |                     |  |
| Area Production Superinter                                                                                                                           | ndent                                    | well, this form must    | be accompanied by a tabulation reli in accordance with RULE |                     |  |
| (Title)                                                                                                                                              |                                          | All sections of         | this form most be filled out con                            |                     |  |
| 10/3/84                                                                                                                                              |                                          | able on new and rec     | ompleted wells.                                             | · -                 |  |
| (Dair)                                                                                                                                               |                                          | Well name or number,    | or transporter or other such ch                             | sange of condition. |  |
| •                                                                                                                                                    | -                                        | Separate Forms          | C-104 must be filed for each                                | n pool in multiply  |  |