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| SANTA FE               |                              |
| FILE                   |                              |
| U.S.O.L.               |                              |
| LAND OFFICE            |                              |
| TRANSPORTER            | <input type="checkbox"/> OIL |
|                        | <input type="checkbox"/> GAS |
| OPERATOR               |                              |
| PROBATION OFFICE       |                              |

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

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

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)

- ☐ New Well  
☐ Recompletion  
☐ Change in Ownership

Change in Transporter of:

- ☐ Oil  
☐ Casinghead Gas  
☐ Dry Gas  
☒ Condensate

Other (Please explain)

If change of ownership give name  
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

|                       |                 |                                                |                                        |                       |                     |
|-----------------------|-----------------|------------------------------------------------|----------------------------------------|-----------------------|---------------------|
| Lease Name<br>McGee   | Well No.<br>1-E | Pool Name, including Formation<br>Basin Dakota | Kind of Lease<br>State, Federal or Fee | Federal<br>SF         | Lease No.<br>078214 |
| Location              |                 |                                                |                                        |                       |                     |
| Unit Letter<br>F      | 1615            | Feet From The<br>North                         | Line and<br>1830                       | Feet From The<br>West |                     |
| Line of Section<br>27 | Township<br>30N | Range<br>13W                                   | NMPM,<br>San Juan                      | 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>El Paso Natural Gas Company | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 4990, Farmington, N.M. 87499 |            |             |             |                                   |      |
| If well produces oil or liquids,<br>give location of tanks.                                                                                             | Unit<br>F                                                                                                          | Sec.<br>27 | Twp.<br>30N | Rge.<br>13W | Is gas actually connected?<br>Yes | 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

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

4/26/85

(Title)

(Date)

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

OIL CONSERVATION DIVISION

APR 26 1985

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

BY \_\_\_\_\_

TITLE \_\_\_\_\_ DEPUTY CLERK OF 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 conditions.

Separate Forms C-104 must be filed for each pool in multiple completed wells.