

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES DESIRED	
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SANTA FE	
FILE	
U.S.D.A.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION 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

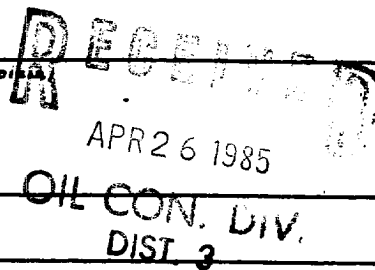
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casingshead Gas
	<input checked="" type="checkbox"/> Dry Gas
	<input checked="" type="checkbox"/> Condensate

Other (Please explain)



If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Payne	Well No. 3	Pool Name, including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee	Federal	Lease No. SF 080517
Location Unit Letter <u>G</u> : <u>1680</u> Feet From The <u>North</u> Line and <u>1620</u> Feet From The <u>East</u> Line of Section <u>20</u> Township <u>32N</u> Range <u>10W</u> , NMPM, 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"/> Conoco, Inc. Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1429, Bloomfield, N.M. 87413
Name of Authorized Transporter of Casingshead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Southern Union Gathering Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 26400, Albuquerque, N.M. 87125
If well produces oil or liquids, give location of tanks. Unit <u>G</u> Sec. <u>20</u> Twp. <u>32N</u> Rge. <u>10W</u>	Is gas actually connected? <u>Yes</u> When

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

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)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Charles J. [Signature]  
TITLE DEPUTY CHIEF OF INSPECTION, 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 deviatric 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 multiple completed wells.