

|                        |             |
|------------------------|-------------|
| NO. OF COPIES RECEIVED |             |
| DISTRIBUTION           |             |
| SANTA FE               |             |
| ILE                    |             |
| JALA                   |             |
| AND OFFICE             |             |
| TRANSPORTER            | OIL         |
|                        | NATURAL GAS |
| PERATOR                |             |
| OPERATION 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

|                                                                                                                             |                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| Owner<br>Union Texas Petroleum Corporation                                                                                  |                                                                                                                                  |
| Address<br>P. O. Box 1290, Farmington, New Mexico 87499                                                                     |                                                                                                                                  |
| Reason(s) for filing (Check proper box)                                                                                     | Other (Please explain)                                                                                                           |
| <input type="checkbox"/> New Well<br><input type="checkbox"/> Recombination<br><input type="checkbox"/> Change in Ownership | Change in Transporter of:<br><input type="checkbox"/> Oil<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Condensate |

Change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

|                                                                                                                                                          |               |                                                |                                        |                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------|----------------------------------------|-------------------------------|
| Well Name<br>U.S.A.                                                                                                                                      | Well No.<br>2 | Pool Name, including Formation<br>Basin Dakota | Kind of Lease<br>State, Federal or Fee | Lease No.<br>Fed. SF 078818-A |
| Location<br>Unit Letter M : 930 Feet From The South Line and 1050 Feet From The West<br>Line of Section 24 Township 32N Range 13W, NMPM, San Juan County |               |                                                |                                        |                               |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                  |                                                                          |                                   |      |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------|------|
| Name 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) |                                   |      |
| Gary Energy Corporation                                                                                          | P. O. Box 489, Bloomfield, N.M. 87413                                    |                                   |      |
| Name of Authorized Transporter of 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) |                                   |      |
| Southern Union Gathering Company                                                                                 | P. O. Box 26400, Albuquerque, N.M. 87125                                 |                                   |      |
| Well produces oil or liquids,<br>or location of tanks.                                                           | Unit Sec. Twp. Rgs.<br>M 24 32N 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.

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)  
10/4/84  
(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

SUPERVISOR DISTRICT

TITLE

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 allow-  
able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner,  
well name or number, or to report change in well condition.

Separate Forms C-104 and C-105 must be filed in multiply  
completed wells.

RECEIVED

OCT 10 1984

OIL CON. DIV.

OCT. 5