STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION		+	7
SANTA FE		+-	╁
PILE		╁	┼
U.8.Q.4.		+	-
LAND OFFICE		┪━	
TRANSPORTER	OIL	+-	
	GAB	1	\vdash
OPERATOR			
PROMATION OFFICE		 	\vdash

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

OPERATON	REQUEST	FOR ALLOWABLE		
BOISTO MONTAINORS		AND	•	•
<u>I.</u>	AUTHORIZATION TO TRA	UNSPORT OIL AND NATUR	AL CAC	•
Operator	. 7		WE GV2	• • •
Umoco Product	ion Company			
Adurcos	on congramy	<u> </u>	6	المنازع والمنازع
1. P.O. Box 68 A	Jolds nm agn	1/2		
Reason(s) for filing (Check proper box)	0002 1111 000	70		
New Well	Change to Ton	Other (Please	pplain)	
Recompletion	Change in Transporter of:	Keguest	'spot sale of s	ion balls
Change in Ownership		Dry Gas Pallante	0:0	
	Casinghead Gas	Condensore	oil 5346-5.	369
If change of ownership give name				
and address of previous owner				
II. DESCRIPTION OF WELL AND	TRACE	•		
Leaughama /	1 10 11 11 11			.
I Ama G	5 44/	Formation K	ind of Lease	
Location	HOVES Pas	dock (si	ederal or Fee	A-UFO 2
Unil Lotter E : 198	0 1/2 #/			H-1573
Unit Letter:;;	Feet From The North	ine and	- 1/1047	<i>f</i>
Line of Section 33	ohip 18-5 Banca	20 7	reet From The WOOM	
Circ of Section 39 Towns	Ahip / B Range	38-E , NMPM.	Lina	
III. DESIGNATION OF TRANSPO	Darre on one		orcea	County
III. DESIGNATION OF TRANSPO	OF Condensate OF	AL GAS	N =	
Formian (M me a)	or Condensate	Asaines (Give adoress to w	hich approved copy of this for	
Nane of Authorized Transporter of Casing	ion),/700,/100,/V	- 17/7/1\A
	head Gas Or Dry Gas	Address (Give address to w	hich approved copy of this fo	77001
If well and the state of the st	nii Sec. ITus ISa			itm is to be sent)
If well produces oil or liquids, U. give location of tanks.	S 1 22 110-5 20 E	Is gas actually connected?	When	
•	2 : 33 :18-3:38-6	1 16, TSTM		-
If this production is commingled with t	hat from eny other lease or pool,	give commingling order		· · · · · · · · · · · · · · · · · · ·
NOTE: Complete Parts IV and V o	n reverse side if	and other uni	nber:	•
VI. CERTIFICATE OF COMPLIANC	E	01, 00.		
			SERVATION DIVISION	V
I hereby certify that the rules and regulations of been complied with and that the information gi- my knowledge and belief.	of the Oil Conservation Division have	APPROVED_UU	9 = 19QĒ	•
my knowledge and belief.	ven is true and complete to the best of		1003	
		EY	EO BY IEDRY SEXTON	•
//		TITLE	SUPERVISOR	
Harris 11 11	İ			
- lary C. Mark		This form is to be f	iled in compliance with	
() (Stensime)		If this is a request	for allowable for a newly companied by a tabulari	TULE 1104.
- Manin. Unalist		well, this form must be truth taken on the well	ccompanied by a tabulati	drilled or deepened
11-0-00 (Title)		All factions added		: 111.
10-9-85		able on new and recompl	form must be filled out co	mpletaly for allow
A+5 NMAAD 4 PAGE (Pare)	==:1:	Fill out cale a		
THE PART IN	FJN 1-CMH	well name or number, or tr Separate Forms C-16	ns I. U. III. and VI for	changes of owner,
•	II II	Separate Forms C-16 completed wells.	04 must be filed for each	h need to condition.
	•	rieted Wells.	mad fot asc	n hoor to wmirthth
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