STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

. ** (*** **)	4 17 4 4		
DISTRIBUTION		\vdash	
SAMTA FE			_
FILE			
U.A.G.A.			
LAND OFFICE			-
TRANSPORTER	OIL		_
	GAS		
DPERATOR		\Box	
PROBATION OFFICE			

OIL CONSERVATION DIVISION DIVISIONI DI VISIONI DIVISIONI DIVINI DI VISIONI DIVINI DI

REQUEST FOR ALLOWABLE

PROMATION OFFICE	ND		
AUTHORIZATION TO TRANS	PORT OIL AND NATURAL GAS		
Departor			
	eering and Production		
Address	J 2002 1101		
P.O. Box 190, Farmington, New Mexico 874	99		
Ressoris) for liling (Check proper box).	Other (Please explain)		
New Vell Change in Transporter of:	Correcting transporter from El Paso		
Recompletion OII D	Out Matural Gas Company to Northwest		
Change in Ownership Casinghead Gas C	ondensore Pipeline Corporation		
If change of ownership give name			
and address of previous owner			
II DESCRIPTION OF WELL AND TRACE			
II. DESCRIPTION OF WELL AND LEASE Legame Name Well No. Pool Name, Including F			
No. 4 - 4	Ducty Chappe		
Location	Rusty Chacra State Foderal or FooState NM 34582		
Λ 10701	ne and 830! Feet From The E		
Line of Section 10 Township 21 - Range	6 NMPM, Sandoval Count		
III DESIGNATION OF TRANSPORTER OF OUR AND ALLER			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL			
C. Company	Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas or Dry Gas (X)	Address (City 2)		
Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent)		
Linu Sec Tue De	P.O. Box 90, Farmington, New Mexico 87499		
If well produces oil or liquids, out a second of tanks, it is a second of tanks.	Is gas actually connected? When		
If this production is commingled with that from any other lease or pool,	give commingling order number		
	give Comminging order number:		
NOTE: Complete Parts IV and V on reverse side if necessary.	•		
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION		
	***** 00 400A · ·		
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	APPROVED		
my knowledge and belief.	Original Signed by FRANK T. CHAVEZ		
	TITLE SUPERVISOR DISTRICT # 3		
This form is to be filed in compliance with RULE 1			
(Signature) (I) 11: fr (Signature) (Signature			
17 (Tule)	All sections of this form must be filled out completely for allable on new and recompleted wells.		
(Date)	Fill out only Sections I. II. III. and VI for changes of own well name or number, or transporter, or other such change of conditi		
	Separate Forms C-104 must be filed for each pool in multi; completed wells.		