STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION		\top	
BANTA FE			1
FILE			
V.5.0.a.			
LAND OFFICE			
TRANSPORTER	OIL		
	OAS		
OPERATOR			
PROBATION OFFICE			

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

JAN2 41986

Form C-104

10-01-78

MI CON DIV

Separate Forms C-104 must be filed for each pool in multip

OPERATION	AND ON THE ONE CONTRACTOR		
AUTHORIZATION TO TRANS	SPORT OIL AND NATURAL GAS DIST. 3		
1. Operator			
Northwest Pipeline Corporation			
Address			
P.O. Box 90 - Farmington, New Mexico 87499			
Resson(s) for filing (Check proper box)	Other (Please explain)		
New Well Change in Transporter of:	F 7		
	bry Gas		
Change in Ownership Casinghead Gas XX C	Condensate		
If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AND LEASE			
Lease Name Well No. Pool Name, Including F	ormation Kind of Lease Lease No.		
Indian A 2 Choza Mesa P	ictured Cliffs State Foderal OKRAX Jic. Cont. #82		
Location	AMAX OTO: OGIC: NOZ		
Unit Letter N : 1070 Feet From The South Lis	ne and 1030 Feet From The West		
Line of Section 30 Township 29N Range	3W NMPM, Rio Arriba County		
III DESIGNATION OF TRANSPORTED OF OF ANY			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Oil or Condensate	Address (Give address to which approved copy of this form is to be sent)		
Mancos Corporation P.O. Drawer 1320 - Farmington, NM 87499			
Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Co. P.O. Box 990 - Farmington, NM 87499			
If well produces oil or liquids, Unit Sec. Twp. Rgs. give location of tanks. N 30 29N 3W	Is gas actually connected? 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.			
T. CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION			
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.	BY Original Signed by FRANK T. CHAVEZ		
<i>(</i> . 1	TITLE SUPERVISUE DISTRICT 第 3		
MAN Hamon R This form is to be filed in compliance with RULE 1104.			
Carrie Harmon Girnature!			
Production & Drilling well, this form must be accompanied by a tabulation of the devi-			
January 21, 1986 All sections of this form must be filled out complete shie on new and recompleted wells.			
(Date)	Fill out only Sections I. II. III, and VI for changes of owns well name or number, or transporter, or other such change of condition		

completed wells.