STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION			
SAMTA PE		1	
FILE		T	i
V.1.G.1.			
LAHO OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION 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

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

LANG OFFICE					
TRANSPORTER OIL		DECUTET FOR ALLOWARD E			
OPERATOR	REQUEST FOR ALLOWABLE				
PROBATION OFFICE					
<u>I</u>					
Operator					
Northwest Pipeline	e Corporation			·	
Address					* * * * * * * * * * * * * * * * * * * *
P.O. Box 90 - Farm	mington, New N	Mexico 87499			
Resson(s) for filing (Check prop			Other (Please	e expirin)	
New Well	Change in	Transporter of:			
Recompletion	C11	D ₁	y Gas		
Change in Ownership	Casir	ighead Gas . 💢 C	ondensate		
					
If change of ownership give na					
and address of previous owner	· · · · · · · · · · · · · · · · · · ·				*
II. DESCRIPTION OF WELL	L AND LEASE				
Lease Name	Well No.	Pool Name, Including F	ormation	Kind of Lease	Lease No
San Juan 29-5 Unit	t 36	Blanco Mesa Ve	rde	SINGEN XXXIXXXXX Fee	Fee
Location	·····				
Unit Letter;	1800 Feet From	The South Lin	• and 990	Feet From The West	· · ·
Line of Section 33	Township 29N	Range 5	W , NMPM	. Rio Arriba	County
III. DESIGNATION OF TRA	ANSPORTER OF C	DIL AND NATURAI	. GAS		
Name of Authorszed Transporter		ondensate 💢 .	Address (Give address	to which approved copy of this form	is to be sent)
Four-Four Inc.		,	P.O. Box 821	- Farmington, NM - 87	'499
Name of Authorized Transporter	of Casinghead Gas	or Dry Gas	Address (Give address	to which approved copy of this form	is to be sent)
Northwest Pipeline			<u> </u>	Farmington, NM 874	99 -
If well produces all or liquids, give location of tanks.	Unit Sec.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Is gas actually connect	ed? When	
If this production is commingle	ed with that from an	y other lesse or pool,	give commingling orde	number:	_
NOTE: Complete Parts IV					
VI. CERTIFICATE OF COM	PLIANCE		OIL C	ONSERVATION DIVISION	1 .
l barahu assifi ahar aha ada ada ada	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and	APPROVED	JUN	10,1986
I hereby certify that the rules and re been complied with and that the info	rguiztions of the On, Co ormation given is the an	d complete to the best of	AFFROVE	17(3)	
my knowledge and belief.			BY_S/4	mk. Sava	
	\mathbf{O}_{i}	d complete to the best of		0	
		10. (E)	TITLE	SUPERVISOR DISTRICT	
(1000)		1982	This form is to	be filed in compliance with R	ULE 1104.
Uarra Ala	CLOSS COMPOSITION OF THE COMPOSI	d complete to the best of	If this is a req	west for allowable for a newly	irilled or deepen
	(Signature)	30/	well, this form mus-	t be accompanied by a tabulation	on of the deviati
Production a Driffing Clerk					
May 28, 1986	(Title)		able on new and re-	completed wells.	
71dy 20, 1500	(Date)		Fill out only : well name or number	lections I. II. III, and VI for or, or transporter, or other such ch	changes of own: range of conditic