

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CON. DIV.
DIST. 3

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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U.S.O.E.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRODUCTION OFFICE			

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Northwest Pipeline Corporation	
Address 3539 E. 30th - Farmington, NM 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 29-6 Unit	Well No. 53	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State XXXX, Federal XXXXX	Lease No. SF 078426
Location Unit Letter <u>B</u> ; <u>790</u> Feet From The <u>North</u> Line and <u>1730</u> Feet From The <u>East</u> Line of Section <u>31</u> Township <u>29N</u> Range <u>6W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Gary Energy Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159 - Bloomfield, NM 87413			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) 3539 E. 30th - Farmington, NM 87401			
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 31	Twp. 29N	Rge. 6W
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.

VI. 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.

Barrie Hammer
(Signature)
Production & Drilling Clerk
(Title)
June 2, 1988
(Date)

OIL CONSERVATION DIVISION
JUN 08 1988
APPROVED _____
BY Barrie Hammer
TITLE SUPERVISION DISTRICT # 3
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 allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.