STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Date)

	****	!	
DISTRIBUTION		Ĺ	Ī _
SANTA PE		E	П
PILE			i i
U.S.G.B.			1
LAND OFFICE			1
TRAMEPORTER	OIL		<u> </u>
	GAS		
OPERATOR			
PROBATION OFFICE		Ī	

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

TRANSPORTER GAS REQUEST F	OR ALLOWABLE	
	AND ISFORT OIL AND NATURAL GAS	
I		
Operator		
Northwest Pipeline Corporation		
P.O. Box 90 - Farmington, New Mexico 8749	99	
Reeson(s) for filing (Check proper box)	Other (Please expiain)	
New Well Change in Transporter of:		
	Dry Gas	
Change in Ownership Cazinghead Gaz	Condensate	
If change of ownership give name and address of previous owner		
II. DESCRIPTION OF WELL AND LEASE	Formation Kind of Lease Lease No	
Leave trans	00 4 = 3	
San Juan 29-6 Unit 58 Blanco Mesa	i verde j ///// //// ////	
v 1750 - South	ine and 1840 Feet From The West	
Unit Letter N : 1/30 Feet From The 300 cm L	, in v and	
Line of Section 28 Township 29N Range	6W . NMPM. Rio Arriba County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATUR	AL GAS	
Name of Authorized Transporter of CII or Condensate	Andreas (Give address to which approved copy of this form is to be sent)	
Four-Four Inc.	P.O. Box 821 - Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas		
El Paso Natural Gas Company	P.O. Box 990 - Farmington, NM 87499	
If well produces all or liquids, give location of tanks.	Is day actifally connected.	
If this production is commingled with that from any other lease or poo	ol, give commingling order number:	
NOIE: Complete Parts IV and V on reverse side if necessary.		
AL CERTIFICATE OF COMPHANCES	OIL CONSERVATION DIVISION	
VI. CERTIFICATE OF COMPLIANCE	S 1770 JUN 1 0 1986	
I hereby certify that the rules and regulations of the Dil Consettyation Division have	VC APPROXITATION 19	
been complied with and that the information given is true and complete to the best my knowledge and belief.	BY	
J_{U_N}	SUPERVISOR DISTRICT	
my knowledge and belief.	TITLE	
arrive +larmon Vine 3	This form is to be filed in compliance with MULE 1104.	
1000 TIGAMOUNTS	If this is a request for allowable for a newly drilled or deeper wall, this form must be accompanied by a tabulation of the deviat	
Production & Drilling Clerk	tests taken on the well in accordance with RULE 111.	
(Title)	- All sections of this form must be filled out completely for all	
June 3, 1986	able on new and recompleted wells.	

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

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