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OIL CON. DIV.  
Form C-104  
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STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PRORATION OFFICE       |     |

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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)

|  |   |  |
|--|---|--|
| <input type="checkbox"/> New Well            | Change in Transporter of:               | <input type="checkbox"/> Dry Gas               |
| <input type="checkbox"/> Recompletion        | <input type="checkbox"/> Oil            | <input checked="" type="checkbox"/> Condensate |
| <input type="checkbox"/> Change in Ownership | <input type="checkbox"/> Casinghead Gas |  |

Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|  |                |   |                              |                  |
|--|----------------|---|------------------------------|------------------|
| Lease Name<br>San Juan 29-6 Unit   | Well No.<br>61 | Pool Name, including Formation<br>Blanco Mesa Verde | Kind of Lease<br>XXXXXXX Fee | Lease No.<br>Fee |
| Location<br>Unit Letter K : 1840 Feet From The South Line and 1840 Feet From The West<br>Line of Section 19 Township 29N Range 6W, NMPM, Rio Arriba 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"/><br>Gary Energy Corporation             | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 159 - Bloomfield, NM 87413 |            |             |            |                                    |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/><br>El Paso Natural Gas Company | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 990 - Farmington, NM 87401 |            |             |            |                                    |
| If well produces oil or liquids,<br>give location of tanks.   | Unit<br>K   | Sec.<br>19 | Twp.<br>29N | Rge.<br>6W | Is gas actually connected?<br>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.

Carrie Harmon  
(Signature)  
Production & Drilling Clerk  
(Title)  
June 2, 1988  
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 08 1988  
BY [Signature]  
TITLE SUPERVISOR OF 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.