STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			
BANTA FE		1	_
FILE		1	
U.1.G.A.			
LAND OFFICE			
TRANSPORTER	DIL		
	GAS		
OPERATOR			
PROBATION OFFICE			

P. O. BOX 2088 SANTA FE, NEW MEXICO 875010/CC

Form C-104 Revised 10-01-78 Format 06-01-83

REQUEST FOR ALLOWABLE AND

PHOMETION OFFICE	AUTHORIT	ZATION TO TO ME	DODE OU ALIGNATION		
<u>I.</u>	AUTHORIZ	CATION TO TRANS	PORT OIL AND NATI	URAL GAS	
Operator					
Northwest Pipeline Corpor	ation	•		~	
Address	·				
P.O. Box 90 - Farmington,	New Mex	xico 87499			
Reeson(s) for filing (Check proper box)			Other /Pleas	se explain)	
New Well	Change in 7	Transporter of:			
Recompletion	Ou		ry Gas		
Change in Ownership	Casing	=	ondensgre		
If change of ownership give name					
and address of previous owner					
II. DESCRIPTION OF WELL AND LE					
Lease Name		ooi Name, including F	crmation	Kind of Lease	Lease No.
San Juan 29-6 Unit	55	Blanco Mes	a Verde	STATE AND THE ST	Fee
Location		Dianeo nes	d verue	1 *************************************	1166
Unit Latter K : 1650	_Feet From	The South Li	1550	Feet From The West	
Line of Section 18 Townshi	2011	Range 6V		D	
			· · · · · · · · · · · · · · · · · · · ·	w, KTO ATTIBU	County
III. DESIGNATION OF TRANSPORT	TER OF OI	T AND NATTIRAL	CAS		* +
Name of Authorized Transporter of Oil	or Con	densate (X)	Asarona (Give address	to which approved copy of this form i	s to be sent)
Mancos Corporation	D.O. Durana 1200 F				
Name of Authorized Transporter of Casinghe	ead Gos or Dry Gas (X) Address (Give address to which approved copy of this form is to be se			0/499	
El Paso Natural Gas Compa			P.O. Box 990 - Farmington, New Mexico 87499		
If well produces all or liquids, Uni	•	Twp. Rge.	is gas actually connec		
give location of tanks.	18	29N 6W	<u> </u>		•
If this production is commingled with the	it from any	other lease or pool,	give commingling orde	er number:	
NOTE: Complete Parts IV and V on					
			II		
VI. CERTIFICATE OF COMPLIANCE			OIL CONSERVATION DIVISION		
I hereby certify that the rules and regulations of	the Oil Cons	servation Division have	APPROVED	- IAN OA10	သင
ocen complied with and that the information given is true and complete to the best of				×>0	
my knowledge and belief.			BY	Sraf 102/	43
<i>^</i>			TITLE	SUPERVISOR DISTRICT	
// //					
1 MARIO HOAMANON Z		This form is to be filed in compliance with RULE 1104.			
Carrie Harmon / Signature)		If this is a request for allowable for a newly drilled or deepen.			
Production & Drilling Cle	rk		well, this form mus tests taken on the	t be accompanied by a tabulation well in accordance with RULE 1	of the deviati
(Tule) January 15, 1986			All sections of this form must be filled out completely for allo- able on new and recompleted wells.		
(Dese)		Fill out only	Sections I, II, III, and VI for ch.	enges of owne	
(Date) well name or number, or transporter, or other such change of conditie					

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