STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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U.S.G.A.				
LAND OFFICE			 	
TRANSPORTER	OIL			
	GAS			
OPERATOR				
PROBATION OFFICE			I	

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

REQUEST FOR ALLOWABLE

OPERATOR	ND		
AUTHORIZATION TO TRANSF	PORT OIL AND NATURAL GAS		
Deerglof			
Northwest Pipeline Corporation			
P.O. Box 90, Farmington, New Mexico 87499			
Reeson(s) for filing (Check proper box)	Other (Please explain)		
New Well Change in Transporter of:	· ·		
Recompletion Cil Dr	y Gas		
Change in Ownership Casinghead Gas XX Co	ondensate		
If change of ownership give name and address of previous owner	O		
II. DESCRIPTION OF WELL AND LEASE			
Lease Name Well No. Pool Name, Including Fo	1		
San Juan 29-5 Unit 20 Blanco Mesa V	ende ksiki, Foderal ox xx S		
Location			
Unit Letter M : 990 Feet From The South Lin	e and 990 Feet From The West		
Line of Section 7 Township 29N Range	5W , NMPM, Rio Arriba County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	_ GAS		
Name of Authorized Transporter of CII or Condensate	Address (Give address to which approved copy of this form is to be sent)		
UPG, Inc.	P.O. Box 66, Liberal, Kansas 67901 Or Dry Gas KX Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX	Address (Give address to which approved copy of this form is to be sent)		
Northwest Pipeline Corporation	P.O. Box 90, Farmington, New Mexico 87499		
If well produces oil or liquids, Unit Sec. Twp. Rqs.	Is gas actually connected? When		
give location of tanks. M 17 29N 5W	!		
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	OIL CONSERVATION DIVISION		
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED JAN 18		
been complied with and that the information given is true and complete to the best of my knowledge and belief.	BY Sall		
m, morreage and benefit	Janes Janes		
	TITLE SUPERVISOR DISTRICT # 3		
Kende S. Margue B	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepen		
Linda S. Marques (Signature) Production and Drilling Clonk	well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.		

All sections of this form must be filled out completely for allow 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 multipl completed wells.

January 7, 1985

(Title)

(Date)