

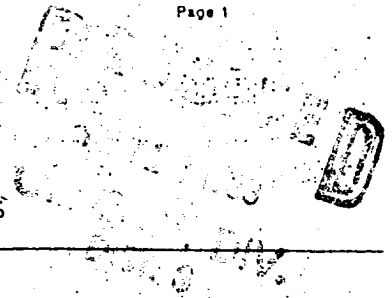
STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

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  
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"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input checked="" type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

Other (Please explain)

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. 14	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease <del>State</del> Federal <del>State</del>	Lease No. SF 080379
Location				
Unit Letter B	990	Feet From The North	Line and 1650	Feet From The East
Line of Section 7	Township 29N	Range 6W	, NMPM, Rio Arriba Cour	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Gary Energy Corporation	P.O. Box 159 - Bloomfield, NM 87413
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P.O. Box 990 - Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit B, Sec. 7, Twp. 29N, Rge. 6W	

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)  
May 12, 1988  
(Date)

OIL CONSERVATION DIVISION  
MAY 18 1988  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY [Signature]  
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 deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multi-completed wells.