## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			
SANTA PE		I	
FILE		Ī_	
U.S.G.A.			
LANG OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR.			
PROBATION 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

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

RECUEST FOR ALLOWABLE

OPERATOR AN				
AND  PROBATION OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
I.	ORT OIL AID HATOKAL OF			
Operator				
Northwest Pipeline Corporation				
Address				
P.O. Box 90 - Farmington, New Mexico 87499				
Reasons for filing (Check proper box)	Other (Please explain)			
New Well Change in Transporter al:				
Recompletion Cil Dry	y Gas			
Change In Ownership Casinghead Gas X Co	espenabno			
If change of ownership give name and address of previous owner				
II. DESCRIPTION OF WELL AND LEASE				
Lease Name Well No. Pool Name, Including Fo				
San Juan 29-6 Unit 10A Blanco Mesa V	ferde State, FNXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
Location				
Unit letter P : 1010 Feet From The East Line	e and 810 Feet From The South			
Unit Letter F : 1010 Feet From The Lust Line				
Line of Section 2 Township 29N Range	6W , NMPM. Rio Arriba Count			
THE DESIGNATION OF THE ANGEST OF ON AND MATTER AT	CAS			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL    Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)			
	D O D OO1 5 1 1 NM 07400			
Four-Four Inc.	Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas or Dry Gas (A)	P.O. Box 90 - Farmington, NM 87499			
Northwest Pipeline Corporation	Is gas actually connected? When			
If well produces all or liquids, p 2 29N 6W	is day actually connected?			
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.				
	OIL CONSERVATION DIVISION			
VI. CERTIFICATE OF COMPLIANCE				
I hereby certify that the rules and regulations and Office ryption Division have	JUN 1 0 1986			
been complied with and that the information graffi is true authoriting to the best of				
ny knowledge and belief.				
JUN 1 0 1986	SUPERVISOR DISTRICT #			
1 2 01900 W	TITLE			
This form is to be filed in compliance with RULE 1104.				
(IQAM ) THAM CAN I I Willed or de-				
Production & Drilling Clerk  Wall, this form must be accompanied by a tabulation of the detection & Drilling Clerk  wall, this form must be accompanied by a tabulation of the detection of the d				
All sections of this form must be filled out completely for a sble on new and recompleted wells.				
May 29, 1980 - The state of the				
(Date) well name or number, or transporter, or other such change of cond				