STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Signature)

(Title)

(Date)

Production & Drilling Clerk

June 3, 1986

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DISTRIBUTION		1	
SANTA PE			
FILE			
U.S.Q.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAL	1	
OPERATOR			
		1	

OIL CONSERVATION DIVISION --P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

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

OPERATOR			R ALLUMABLE		
PROMATION OFFICE		•	AND		
T	AUTHORIZA	TION TO TRANS	PORT OIL AND NAT	URAL GAS	
Operator					
Northwest Pipeline Co	rporation				
Address	<u> </u>				
P.O. Box 90 - Farming	ton. New Me:	xico 87499			
Resson(s) for filing (Check proper box)	· · · · · · · · · · · · · · · · · · ·		Other (Plea	se explain)	
New Well	Change in Tr	ansporter of:			
Recompletion	CII		ry Gas		,
Change in Ownership	Casinghe	-od Gas 🗓 C	ondensate		
If change of ownership give name and address of previous owner		·			
II. DESCRIPTION OF WELL AND		oi Name, Including F	ormalian	Kind of Lease	Lease No.
San Juan 29-6 Unit	1	Blanco Mesa		SXXXX Federal XXXXX	SF 080377
Location	1 / 2 1	bianco nesa	verue	1-XXX	
Line of Section 22 Town		Hange	6W . NMP	м. Rio Arriba	County
Name of Authorized Transporter of Cil		AND NATUKA:		to which approved copy of th	is form is to be sent)
Four-Four Inc.		Φ.		- Farmington, NM	87499
Name of Authorized Transporter of Casti	nghead Gas	or Dry Gas [X]		to which approved copy of th	
Northwest Pipeline Co	rporation	_	P.O. Box 90	- Farmington, NM	87499 .
	Unit Sec.	7wp. Rge. 29N 6W	Is gas actually connec		
If this production is commingled with	that from any or	ther lease or pool.	give commungling ord	er number:	
if this production is commingled with			••••••		
NOTE: Complete Parts IV and V	on reverse side	if necessary.			
VI. CERTIFICATE OF COMPILAN I hereby certify that the rules and regulation been complied with and that the information my knowledge and belief.	D.B. A.	artion Division have in least one best of	APPROVED S	CONSERVATION DIVIS	JUN, 1 0 198
min Hain	OIL CON	1986	11	to be filed in compilence	

well, this form must be accompanied by a tabulation of the deviati tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for alloable on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of owne well name or number, or transporter, or other such change of condition

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