## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Date)

P4. 00 C00146 STEELSES			
DISTRIBUTION			
SAMTA PE			
FILE			
U.S.G.S.			
LANG OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OFFICE			

## 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	•		•
PROBATION OFFICE   AUTI	HORIZATION TO TRANSF	PORT OIL AND NATU	RAL GAS		
Coperator					
Northwest Pipeline Corporat	ion		•		
Address		· · · · · · · · · · · · · · · · · · ·			
P.O. Box 90 - Farmington, N	lew Mexico 87499				
Reasons for filing (Check proper box)		Other (Please	expiain)		
<b>!</b>	ge in Transporter of:				
Recompletion	Dr 🔲 Dr	y Gas			
Change in Ownership	Casinghead Gas X Ca	ondensate			
If change of ownership give name and address of previous owner					
·					
II. DESCRIPTION OF WELL AND LEASE	V. I Deal Name Including Fo	ormalian	Kind of Lease		Lease No
			Styting, Federal of Night	SF	
Sun Suan Es T	7 <mark>A   Blanco Mesa V</mark>	erde	KAA! AAAA		
Location	N + h	905	Feet From The West		
Unit Letter E : 1530 Feet	From The North Lin	• and <u>895</u>	Feet From TheWEST_	<del></del>	<u>·</u>
Line of Section 34 Township	29N Range	6W , NMPM	. Rio Arriba		Count
III. DESIGNATION OF TRANSPORTER (		GAS	to which approved copy of this f	(a-a- i e e e	he rest1
Name of Authorized Transporter of CII	or Condensate	1			_
Four-Four Inc.		P.U. BOX 821	- Farmington, NM to which approved copy of this /	8749	
Name of Authorized Transporter of Castinghead Go	or Dry Gas	1			_
El Paso Natural Gas Compan		P.O. Box 990 - Farmington, NM 87499			
If well produces oil or liquids, que location of tanks.	34 29N 6W	Is gas actually connected? When			
If this production is commingled with that fro	m any other lease or pool,	give commingling order	r number:		
NOTE: Complete Parts IV and V on rever		11			
VI. CERTIFICATE OF COMPLIAN (E)			ONSERVATION DIVISION		
IUI iš	PA	APPROVER	JU	N 1	) <u>, 1986</u>
I hereby certify that the rules and regulations of the been complied with and that the information given is to	nie and portolerako me best of	Dr.	1 (0)		
my knowledge and belief.		BY	Java Java		
30	$N_{10}$	SUPERVISOR DOTRICT # 9			
Comin Harman Du	N <sub>101986</sub>	TITLE			
	ON 2		be filed in compliance with		
(and Harmer D)	So William	If this is a req	uset for allowable for a new	ly drille	d or deeper
(Signature)	· 3	well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.			
Production & Drilling Cler	K	All sections of this form must be filled out completely for all			
(Title)		able on new and re	completed wells.		
May 29, 1986		Fill out only Sections I. II. III, and VI for changes of own			

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

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