STATE OF NEW MEXICO ENERGY WID MINERALS DEPARTMENT

El Paso Natural Gas Company

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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

P. O. Box 4289, Farmi				
Resear(s) for filing (Check proper box)		Other (Pieuse expinia)		
************	Change is Transporter els	-	•	-
Change in Ownership		Dry Ges		
Charle in Comments	Castnehous Gas X	Condensere		
If change of ownership give name				
	·			
II. DESCRIPTION OF WELL AND	Well No. Pool Name, Including I	-		
San Juan 30-6 Unit	53A Blanco Mesa		Kind of Lease State Federal by Fee	SF 080712A
Lecuitee	210.100 1.000	.0100	State & sesset by 1.00	31 000/12A
Unit Letter F : 172	O Feet From The North	1820	Feet From The	Vest
Line of Section 29 Town	30N	6W	Rio Arrib	
100,	sehip JUN Range		, NMPM,	Caunty
III. DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURA	L GAS		
Name of Anthorized Lightsborter of Off (or Condensate 🛣	Andress (Cive	sideress is which approved copy o	f this form is to be cents
Meridian 0il Name of Authorized Transporter of Casu	Inc.	P. O. E	Box 1599, Aztec, New	Mexico 87410
			deress to which approved sopy o	
Northwest Pipeline C			Box 8900, Salt Lake (City, Utah 84110
If well produces oil or liquids,	F 29 30N 6W	is das acinetia	connected? When	
f this production is commingled with	that from any other lease or pool.	give comminglis	order number	
NOTE: Complete Parts IV and V				
		17		
Л. CERTIFICATE OF COMPILAN	Œ	OIL CONSERVATION DIVISION		
hereby certify that the rules and regulation	s of the Oil Conservation Division have	APPROVED	\geq . \sim	HIN 1 1,400C
neen complied with and that the information by knowledge and belief.	given is true and complete to the best of	3	Trank (1)	,,,,,, + 4,,4 889
		97	- Java	
		TITLE	SUPERVISOR DISTRICE # .	
(Some & bank	0 ,	This for	n is to be filed in compliance	
If this is a request for allowable for a service				
Drik	ing Clerk		m must be accompanied by a the well in accordance with	
(Tide)	1 66 75 77	All secti	one of this form must be filled and recompleted wells.	out completely for silone
4:31	WWW 11 1986 CON DIV	Fill out	Offix Sections ! If I'm and	1 9 (
(Dette)	m. 2 2 2 12 1		seconds of a susharran or ofush	TUES Change of condition
	AN TIME	Separate completed wel	rorms C-104 must be filed	for each pool in multiply
A COLOR	1986			
)	No.		•	•
.	W. a UV			
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