## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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FILE			
U.S.O.S.			
LAND OFFICE		1	
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRONATION 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:

	FOR ALLOWABLE		
PROPATION OFFICE	AND		
AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL GAS		
Operator			
Northwest Pipeline Corporation			
Address			
P.O. Box 90, Farmington, New Mexico 87499	a cath		
Ressonis) for tiling (Check proper box)	Other (Please explan)		
New Well Change in Transporter of:			
Recompletion Oli	Dry Gas FED U1 WW -		
Change in Ownership Casinghead Gas	Condensate		
If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AND LEASE			
Lease Name Well No. Pool Name, Includi	-		
San Juan 32-7 Unit 53 So.Los Pinos	S Fruitland PC XXXXF oderal XXXXX SF 078996		
Location			
Unit Letter P : 660 Feet From The South	Line and 1070 Feet From The East		
Line of Section 4 Township 31N Range	7W , NMPM. San Juan County		
	•		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATU	RAL GAS		
Name of Authorized Transporter of Oil or Condensate XX Address (Give address to which approved copy of this form is to be sent)			
UPG, Inc.	P.O. Box 66, Liberal, Kansas 67901		
Name of Authorized Transporter of Casingnead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)			
Northwest Pipeline Corporation	P.O. Box 90, Farmington, New Mexico 87499		
If well produces oil or liquids, que location of tanks.	Is gas actually connected? When		
If this production is commingled with that from any other lease or p	ool, give commingling order number:		
NOTE: Complete Parts IV and V on reverse side if necessary.			
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION		
VI. CERTIFICATE OF COMPHANCE			
I hereby certify that the rules and regulations of the Oil Conservation Division	have APPROVED, 19		
been complied with and that the information given is true and complete to the be my knowledge and belief.			
my knowledge and benefit	SUPERVISOR DISTRICT # 3		
	TITLE		
$\mathcal{O}(\mathcal{O})$ of $\mathcal{O}(\mathcal{O})$	This form is to be filed in compliance with MULE 1104.		
Flind S. Mucules If this is a request for allowable for a newly drilled or			
Linda S. Marques (Signature)	well, this form must be accompanied by a tabulation of the deviation		
Production and Drilling Clerk	tests taken on the well in accordance with RULE 111.		
(Title)	All sections of this form must be filled out completely for allow sble on new and recompleted wells.		
January 31, 1985	Fill out only Sections 1, II, and VI for changes of owner		
(Daie) well name or number, or transporter, or other such change of			

completed wells.