STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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. ** (*** ***	41740	1	
DISTRIBUTION		1	T
SANTA PE		1	1
FILE		1	1
u.s.a.s.		1	
LAND OFFICE		1	
TRANSPORTER	OIL		
	GAR		
OPERATOR			
PRORATION 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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							
Northwest Pipeline Corporation							
P.O. Box 90, Farmington, N	ew Mexico 87499						
Resson(s) for filing (Check proper box)			Other (Pleas	e explain & DU &	W Is the		
New Well	Change in Transporter of:	_	1	TO ELE			
Recompletion	Oii	Dry Gas	1		שו		
Change in Ownership	Casinghead Gas	Condensate		JAN 0 7	1985		
change of ownership give name nd address of previous owner		 	OIL CON. DIV.				
I. DESCRIPTION OF WELL AND LE	ASE		DIST. 3				
Lease Name	Well No. Pool Name, Include	ing Formation		Kind of Lease	Lease No.		
Cox Canyon Unit	1 Blanco Mesa	Verde		Sigte, Federal A. Fee	NM 03189		
Location							
Unit Letter N : 835	Feet From The South	_Line and]	980	Feet From The West	·		
Line of Section 16 Township	32N Range	11W	, NMPN	San Juan	County		
		······································		9.671.9.4611	· · · · · · · · · · · · · · · · · · ·		
III. DESIGNATION OF TRANSPORT	TER OF OIL AND NATU	RAL GAS					
Name of Authorized Transporter of Cil	or Condensate 🔀		(Give address	so which approved copy of this	form is to be sent)		
UPG, Inc.	····	PO	Rox 66	iberal, Kansas 679	Λ 1		
Name of Authorized Transporter of Casinghe	ad Gas or Dry Gas 📉			to which approved copy of this			
Northwest Pipeline Corpora							
If well produces oil or liquids, give location of tanks.		TW ls gas a	ctually connect	ed? When			
this production is commingled with the	it from any other lease or p	ool, give com	mingling orde	r number:			
NOTE: Complete Parts IV and V on	reverse side if necessary.						
7I. CERTIFICATE OF COMPLIANCE		 	OIL O	ONSERVATION DIVISI	ION		
		.		JAN	7.1985		
hereby certify that the rules and regulations of seen complied with and that the information give		- (1	OVED		19		
ny knowledge and belief.		BY		Srank .	Laway		
- /		TITLE	<u> </u>	SUPERVISOR	R DISTAICT 第3		
Sinda S. Marques (Signature)	uw \$) 11		be filed in compliance wi			
				ilation of the deviatic			
(Title)	(Title) All sections of this form must be filled out completel able on new and recompleted wells.						
January 2, 1985 (Date)		Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition					
		S		C-104 must be filed for			
		compte					