STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Title)

(Date)

May 21, 1986

. ** (*** ***	11-60	T	
DISTRIBUTION		\top	Ī
SANTA FE			
PILE		T	
U.1.G.1.			
LAND OFFICE		\top	
THAMSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OFFICE			

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

Revised 10-01-78 Format 06-01-83

		REQUEST FO	OR ALLOY	VABLE			
PROBATION OFFICE	•	,	AND		•	٠	
T. T	AUTHORIZATIO	ON TO TRANS	SPORT OF	L AND NATU	RAL GAS		
1. Operator							
!							
Northwest Pipeline Corpo	ration						
Address							
P.O. Box 90 - Farmington	<u>, New Mexico</u>	87499					
Reeson(s) for filing (Check proper box)				Other (Please	explain)		
New Well	Change in Transp	octer of:		1			
Recompletion	OII	<u> </u>	Dry Gas	ļ			
Change in Ownership	Cazinghead (Gas XX d	Condensate	1			
If change of ownership give name							
and address of previous owner							
II. DESCRIPTION OF WELL AND I	FASP						
Lease Name	Well No. Pool N	ame, including i	Formation	· · · · · · · · · · · · · · · · · · ·	Kind of Lease	Legae	No.
Cox Canyon Unit	6 B1a	inco Mesa	Varda	•	State, XF)eyteygt XXXX	E-309	
Location	10 1014	iico nesa	verue		AAAAAAAAAA		/ -1
1 000		Non+h	0	an	Eac+	•	
Unit Letter A ; 990	Feet From The _	North L.	ne and 9	90	_Feet From TheEast_		
1.0	201		3 7 1 2				
Line of Section 6 Townsh	1p 32N	Range	<u> 11W</u>	, NMPM,	San Juan	Cou	inty
				•			
III. DESIGNATION OF TRANSPOR							
Name of Authorized Transporter of Oil or Condensate Address ((Give address t	o which approved copy of this	form is to be sent)			
Four-Four Inc. P.O.		P.O. Box 821 - Farmington, NM 87499					
Name of Authorized Transporter of Casing	sead Gas or f	Dia Caz 🕮	Address	(Give address t	o which approved copy of this	form is to be sent)	_
Northwest Pipeline Corporation P.			P.0.	Box 90 -	Farmington, NM	87499	•
If well produces oil or liquids. Unit Sec. Twp. Rge. Is gas actually connected? When							
	A ; 16 ;	32N : 11W	1		1	•	
If this production is commingled with the	at from any other	lease or pool,	give com	mingling order	number:		
			_				—
NOTE: Complete Parts IV and V or	s reverse side if n	ecessary.					
M CERTIFICATE OF COMMUNIC			H	OII C	ONSERVATION DIVISION	7N	
VI. CERTIFICATE OF COMPLIANCE	MM Ra		il.		SHELLIVATION DIVISI	"YIIN 1 () 1	198
I hereby certify that the rules and regulations of	File Office day Vin	Division have	APPR	OVER	•	19	
I hereby certify that the rules and regulations obeen complied with and that the information g	taus true and compl	ede te the Sest De		Or.	11121/	,	_
my knowledge and belief.	Dr.	~ ~ ~ <i>[</i>]	BY		we. Save		
	JUN 1 DI	<i>[[]</i>	7		O super	« Kyisor district #	ć
	OIL CON.	386 9	TITLE	<u> </u>	A birt	manual control //	
10 . 11	L'E COVI	A	1	nis form is to	be filled in compliance wit	h mule 1104.	
10000 HOUNT	n Dier	UVA	11		est for allowable for a new		
(Signature)	, , , , , , , , , , , , , , , , , , , 				be accompanied by a tabu		
Production & Drilling Cl					rell in accordance with Au		-

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 owns well name or number, or transporter, or other such change of condition

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