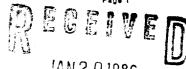
STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

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DISTRIBUTI			
BANTA PE	T		
PILE			_
U.8.0.8.			
LAND OFFICE			
TRANSPORTER	DIL		
	DAS		
OPERATOR			
PROBATION OFFICE			

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

Form C-104 Revised 10-01-78 Format 06-01-83



REQUEST FOR ALLOWARIE

well, this form must be accompanied by a tabulation of the deviati tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allo-

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

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

able on new and recomplated wells.

completed wells.

OPERATOR			AND		. 074201	300
PROBATION OFFICE	AUTHORIZ	ZATION TO TR	ANSPORT OF	I AND NATI	IRAL GAS OIL CON.	DAY
Operator				- 7010 HATE	DIOT -	DIV.
1 - 7					DIS1. 3	
Northwest Pipeline Co	rporation					
P.O. Box 90 - Farming	itan Naw M	exico 874	00			
Reason(s) for filing (Check proper box	COII, NEW M	ex 100 6/4	99	Ta		
New Wall		Fransporter of:		Other (Pleas	e explain)	
Recompletion			Dry Gas		•	
Change in Ownership	₩	head Gas X	Condensate	l		
				<u>!</u>		
If change of ownership give name and address of previous owner	···					
	3 T T 4 C D		ere jaskese			•
II. DESCRIPTION OF WELL AND	J LEASE	ooi Name, Includi	na Formation			
Cox Canyon Unit	6A				Kind of Lease	Legse No
Location	I OA I	Blanco Mes	a verde		State, XXXXXXXXXXX	E-3087-4
1 1/4	50	South		700		
Unit Letter 1: 145	Feet From	The South	Line and	790	Feet From The East	
Line of Section 16 Town	mahip 32N	Range	11W	, NMPM,	San Juan	G -7
					- Juli Juli	Count
III. DESIGNATION OF TRANSPO	ORTER OF OU	L AND NATU	RAL GAS		· ·	•
Mancos Corporation	_	lensate (XX	P.O. 1	Give address i Orawer 132	o which approved copy of this for 20 - Farmington, NM	m is to be sent) 87499
Name of Authorized Transporter of Casinghead Gas or Dry Gas (A) Northwest Pipeline Corporation			Address (Give address t	o which approved copy of this for	
			P.O. 6	P.O. Box 90 - Farmington, New Mexico 87499		
it was biconcan off or Hidrida'	Unit Sec.	Twp. Rge.	is gas act	uaily connecte	d? When	
give location of tanks.	I ; 16	;32N ; 11	W		!	•
If this production is commingled with	that from any o	ther lease or po	ol, give comm	ingling order	number	
			- -	•		
NOTE: Complete Parts IV and V	on reverse side	if necessary.				
VI. CERTIFICATE OF COMPLIAN	CE			OIL CO	NSERVATION DIVISION	•
						0 19 86
I hereby certify that the rules and regulation been complied with and that the information	is of the Oil Conse	rvation Division ha	ve APPRO	VED		
my knowledge and belief.	given is true and to	ompiete to the best	BY		Trank J. ()	
•			"		- Au	*
			TITLE		THE PHISOR I	U STRICT OF S
Manning Sto.	_		Thi	s form is to !	be filed in compliance with	
- (KIVUC /(Cl))?	C: 1		= 11 11	his is a reque	at for allowable for a newly	dellad as de-
Carrie Harmon (Signatu	ra)		wall the	a form must	he accommodated to a dawly	cirried or geebeu:

ch

Carrie Harmon (Signature) Production & Drilling Clerk

January 2, 1986

(Title)

(Date)