STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			
SANTA PE		L	
PILE			
V.8.G.A.			
LAND OFFICE			
TRAMSPORTER	DIL		
	GAS		
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

OIL	LL9
TRANSPORTER	FOR ALLOWABLE JAN 2 0 1986
OPERATOR	AND
AUTHORIZATION TO TR	MSPORT OIL AND NATURA OF SCON. DIV.
Description (Control of Control o	DIST. 3
Northwest Pipeline Corporation	
Address	
P.O. Box 90 - Farmington, New Mexico 874	99
Ressorts) for tiling (Check proper box)	Other (Please explain)
New Well Change in Transporter of:	
Recompletion CII	Dry Gas
Change in Ownership Casinghead Gas	Condensale
If change of ownership give name and address of previous owner The DESCRIPTION OF WELL AND LEASE	
II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Included Well No. Pool Name, Included Pool Name, Included Well No. Pool Name, Included Pool Name, Include	ng Formation Kind of Lease Lease Na
Cox Canyon Unit #26 Blanco Pi	ctured Cliffs XXXXX Federal XXXXX NM. 03189
Location	
Unit Latter L : 1520 Feet From The South	Line and 1070 Feet From The West
Line of Section 9 Township 32N Range	11W , NMPM, San Juan County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATU	RAL GAS
Name of Authorized Transporter of Oil or Condensate	P.O. Drawer 1320 - Farmington, NM 87499
Mancos Corporation	, , , , , , , , , , , , , , , , , , , ,
Name of Authorized Transporter of Casinghead Gas or Dry Gas A	P.O. Box 90 - Farmington, New Mexico 87499.
Northwest Pipeline Corporation	
If well produces all or liquids, qive location of tanks. Unit Sec. Twp. Rq. L 9 32N 1	
If this production is commingled with that from any other lease or ;	ool, give commingling order number:
NOTE: Complete Parts IV and V on reverse side if necessary.	If
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
1 house well about a land of the Oil Commission Division	APPROVED JAN 1986
I hereby certify that the rules and regulations of the Oil Conservation Division been complied with and that the information given is true and complete to the be	ar of
my knowledge and belief.	BY
	SUPERVISOR DISTRICT 3
\hat{a}	TITLE
(Carried Carrier	This form is to be filed in compliance with RULE 1104.
Campia Harmon (Signature)	If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviati
Carrie Harmon (Standard) Production & Drilling Clerk	tests taken on the well in accordance with RULE 111.
(Title)	All sections of this form must be filled out completely for allo
January 6, 1986	able on new and recompleted wells.
(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 conditions.

or number, or transporter, or other such change of conditic Separate Forms C-104 must be filed for each pool in multip

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