

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Northwest Pipeline Corporation

Address  
P.O. Box 90, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input checked="" type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)

If change of ownership give name  
and address of previous owner

FEB 01 1985  
OIL CON. DIV.  
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 32-7 Unit	Well No. 46	Pool Name, including Formation So. Los Pinos Pictured Cliffs	Kind of Lease <del>XXXX</del> Federal <del>XXXX</del>	Lease No. SF 078542
Location Unit Letter <u>B</u> ; <u>1080</u> Feet From The <u>North</u> Line and <u>1540</u> Feet From The <u>East</u> Line of Section <u>34</u> Township <u>32N</u> Range <u>7W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> UPG, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 66, Liberal, Kansas 67901
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 90, Farmington, New Mexico 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>B</u> Sec. <u>34</u> Twp. <u>32N</u> Rge. <u>7W</u>	

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Linda S. Marques  
Linda S. Marques  
Production and Drilling Clerk  
January 31, 1985

OIL CONSERVATION DIVISION

FEB 1 1985  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Frank J. O'Connell  
SUPERVISOR DISTRICT # 3  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
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.  
Separate Forms C-104 must be filed for each pool in multiple completed wells.