STATE OF NEW MEXICO ENERGY NO MUNICIPALS DEPLATE

ETTEND! MEDITINEALS DEPARTMENT	· · · · · · · · · · · · · · · · · · ·
PA, OF COPIES SECTIONS	
DISTRIBUTION OIL CONSERVA	TION DIVISION "
P. O. BO	
U.I.O.A. SANTA FE, NEV	V MEXICO 87501
LAND OFFICE	
TRANSPORTER OIL	
	R ALLOWABLE ND .C
AUTHORIZATION TO TRANSF	
I.	- SKI GIE ARD HATGRAE GA
Northwest Pipeline Corporation	
3539 E. 30th - Farmington, NM 87401	
Resson(s) for Iring (Check proper box)	
New Well Change in Transporter of:	Other (Please explain)
	y Gax
	ordeniale
If change of ownership give name and address of previous owner	
and address of previous owner	
II. DESCRIPTION OF WELL AND LEASE	
Lease Name . Well No. Pool Name, including Fo	ormation Kind of
Blanco 4 Blanco Meso	a_Verde X××× ۶
M 1090 _ South	000
Unit Letter M 1090 Feet From The South Line	990: • and Feet F
Line of Section 12 Township 27N Range 91	N NORW Sar
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS
Name of Authorized Transporter of Oil or Condensate ()	Address (Give address to which a
Gary Energy Corporation Name of Authorized Transporter of Casinghead Gas of Dry Gas (X)	P.O. Box 159 - Bloom
El Paso Natural Gas Company	Address (Give address to which a
	P.O. Box 990 - Farm
If well produces oil or liquids, Unit Sec. Twp. Rge. give location of tanks. M 12 27N 9W	is gas actually connected?
If this production is commingled with that from any other lease or pool,	give communating order number
	give comminging order number
NOTE: Complete Parts IV and V on reverse side if necessary.	
VI. CERTIFICATE OF COMPLIANCE	OIL CONS F
	Ole Golvenia
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED
been complied with and that the information given is two and complete to the best of my knowledge and belief.	(المسادة
•	SUPERVIS
	TITLE
//0010//	This form in the burns
LWVIU Hamilan	This form is to be filed
Production & Duilling Claud	If this is a request for a well, this form must be accommused by the second sec
Production & Drilling Clerk	tests taken on the well in a
May 12, 1988	All sections of this form able on new and recomplete
(Date)	Fill out only Sections
[must)	well name or number, or trans

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Locas

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OII CONCERNATION DIVIDION	
OIL CONS MAY ATIONS	
F.D	

SUPERVISION DISTRICT # 3

P.O. Box 159 - Bloomfield, NM

P.O. Box 990 - Farmington, NM

Other (Please explain).

Kind of Lease

XXXX Federal%X):※

Feet From The San Juan

Address (Give address to which approved copy of this form is to be sent)

Address (Give address to which approved copy of this form is to be sent)

When

West

TITLE

This form is to be filed in compliance with MULI 1104.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devitests taken on the well in accordance with MULE 11'.

All sections of this form must be filled out completely for a able on new and recompleted walls.

Fill out only Sections I. II. III and VI for changes of on well name or number, or transporter, or other such change of condi-

Separate Forms C-104 must be filed for each pool in mulcompleted wells.