

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
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Page 1

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U.S.O.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"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input checked="" type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

Other (Please explain):

If change of ownership give name and address of previous owner:

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JAN 07 1985  
OIL CON. DIV.  
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name Burroughs Com B	Well No. 4	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, <del>Perm</del> <del>Lease</del>	Lease No. E-1200-1
Location Unit Letter <u>M</u> ; <u>990</u> Feet From The <u>South</u> Line and <u>1150</u> Feet From The <u>West</u> Line of Section <u>2</u> Township <u>27N</u> Range <u>9W</u> , NMPM, San Juan 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"/>	Address (Give address to which approved copy of this form is to be sent)
UPG, Inc.	P.O. Box 66, Liberal, Kansas 67901
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P.O. Box 990, Farmington, New Mexico 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit : M ; Sec. : 2 ; Twp. : 27N ; Rge. : 9W	

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 **B**  
Linda S. Marques (Signature)  
Production and Drilling Clerk  
(Title)  
January 3, 1985  
(Date)

OIL CONSERVATION DIVISION

APPROVED Frank J. Cury JAN 07 1985  
BY \_\_\_\_\_  
TITLE \_\_\_\_\_ SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the deviatric tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allow able on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owne; well name or number, or transporter, or other such change of conditior  
Separate Forms C-104 must be filed for each pool in multipl comoleated wells.

