STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

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DISTRIBUTION		1	T-
BANTA FE		1	i
PILE		 	1
U.S.G.S.		Т	
LAND OFFICE			
TRANSPORTER	OIL		
	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 Page 1

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

OPERATOR GAS	REQUEST FOR ALL	OWABLE		
AUTHORIZAT	ION TO TRANSPORT	OIL AND NATU	RAL GAS	
Coerdior				
Northwest Pipeline Corporation	•			
Address		 	 	
P.O. Box 90 - Farmington, New Mex	ico 87499			
Reason(s) for filing (Check proper box)		Other (Please	expiain)	
New Well Change in Trans	sporter of:			
Recompletion CII	Dry Gas			
Change in Ownership Casinghead	Gas^ Condense	210		
If change of ownership give name and address of previous owner	<u> </u>			
II. DESCRIPTION OF WELL AND LEASE				
	Name, Including Formatio		Kind of Lease	Lease No
	<u>anco Mesa Verde</u>		SHILL SHIP SHIP SHIP SHIP SHIP SHIP SHIP SHIP	Fee
Unit Letter L ; 1750 Feet From The	South Line and	1170	Feet From The Wes	t
Line of Section 31 Township 29N	Range 5W	, NMPM	Rio Arriba	County
III DESIGNATION OF TRANSPORTER OF OU	NITS NIATTIDAT CAS			
III. DESIGNATION OF TRANSPORTER OF OIL A	AD IAU LAND IAU OVO	ss (Give address t	a which approved capy of th	is form is to be sent)
Four-Four Inc.	P	.O. Box 821	- Farmington, NM	87499
	Dry Gas Addre	es (Give address s	o which approved copy of th	is form is to be sent)
Northwest Pipeline Corporation	↓ P	.0. Box 90 -	- Farmington, NM	87499 .
If well produces oil or liquids, que location of tanks.		s actually connecte		
If this production is commingled with that from any other	er lesse or pool, give c	ommingling order	number:	
				
NOTE: Complete Parts IV and V on reverse side if	necessary.			
VI. CERTIFICATE OF COMPLIANCE		OIL C	ONSERVATION DIVIS	30N 1 0 100C
I hereby certify that the rules and regulation theoli Conserva			^ '	DOM TO 1880
been complied with and that the information in the been complied with and that the information in the beautiful complete with and belief		PROVE	1700	, 19
is, anomedic and benefit	A II BY.	Dry.	MACR DIDIALOR W	
		AUPERVISO	R DISTRICT 0	
β / \mathbf{O}_{t}		LE	W NOTKHIT #	
Panie Hann Con 1986			be filed in compliance v	
Production & Drilling Clerk, 2/1	weil	l, this form must	est for allowable for a n be accompanied by a ta- vell in accordance with	bulation of the deviati
(Title)			this form must be filled o	
May 28, 1986		Fill out only \$	ections I. II. III, and V or transporter, or other a	I for changes of own; uch change of condition
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