STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION		Т	$\overline{\Gamma}$
SANTA PE			
FILE		T	i
V.1.0.4.		T	i
LAMO 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

TRANSPORTER CIL.	REQUEST FOR ALLOWABLE								
PROBATION OFFICE	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS								
1.									
Operator									
Northwest Pipelir	ne Corporation								
Address									
P.O. Box 90 - Far		exico 87499							
Ressorts) for filing (Check pro	iper boxj			Other (Please	expiain)				
New Well	Change in	Transporter of:							
Recompletion	<u> </u>	a	ry Gas						
Change in Ownership	Comin	ghead Gas X C	ondensate						
If change of ownership give and address of previous own		·			 				
II. DESCRIPTION OF WEI		, 							
San Juan 29-5 Unit 12 Blanco Mesa Verde				Kind of Lease State, Federal of Fixed	x SF	079851			
Location			······································				·		
Unit Letter M ;	990 Feet From	South Lin	ne and	990	_ Feet From The	West	·		
20	- 00N	_	C 11		Dia Amaik	_			
Line of Section 30	Township 29N	Range	<u>5W</u>	, ММРМ,	Rio Arrib	<u>a </u>	County		
TI DESIGNATION OF THE									
III. DESIGNATION OF TI	RANSPORTER OF C	OL AND NATURAL	L GAS	C	which approved cop				
Name of Authorized Transports	raich arca	ndensdie X				· ·	be sent/		
Four-Four Inc.					- Farmington,				
Name of Authorized Transports		or Dry Gas)			which approved cop	•	be sent)		
Northwest Pipeline Corporation P.O. Box 90 - Farmington, NM 87499					<u> </u>				
If well produces oil or liquids, Unit Sec. Twp. Rgs. Is qu			Is gas act	tually connected	d? When				
give location of tanks.	1								
If this production is comming	led with that from any	other lesse or pool,	give comm	ungling order	number:				
	and V on reverse sid				<u> </u>				
			H						
VI. CERTIFICATE OF COM	IPLIANCE			OIL CC	INSERVATION I	L NUC ISIVIC	L 0 1986		
I hereby certify that the rules and			APPRO	OVED			9		
been complied with and that the information glydre is true and complete to the best of									
my knowledge and belief.	- Q		BY			/			
	JUM		TITLE		SUPERVISOR DISTRIC	t w T			
/2	I = Oti	0/900	////						
Carrie 4			This form is to be filed in compliance with RULE 1104,						
If this is a request for allowable for a newly difficult									
Production & Dril	· · · · · · · · · · · · · · · · · · ·	3 .	tests taken on the well in accordance with RULE 111.						
May 27, 1986	(Title)		All sections of this form must be filled out completely for alloable on new and recompleted wells.						
(Date)			Fill out only Sections I. II. III, and VI for changes of owns well name or number, or transporter, or other such change of condition						

completed wells.