## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION		1	
SANTA FE		1	
FILE			
U.S.O.A.			
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

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 multipl

OPERATOR GAS	i de la companya de	OR ALLOWABLE	•••	
PROBATION OFFICE		AND		
I.	JTHORIZATION TO TRAN	SPURT OIL AND NATO	JRAL GAS	
Operator	•			
Northwest Pipeline Corpor	ation			
Address				
P.O. Box 90, Farmington,	New Mexico 87499			_
Reeson(s) for filing (Check proper box)		Other (Pleas	e explain) - = 0 FTW	16 m
New Well Ch	ange in Transporter of:		MEGELL	
Recompletion	] ou	Dry Gas		الا
Change in Ownership	Casinghead Gas	Condensate	JAN 1 8 19	85
		<del></del>	JAN 10 15	- 13 /
If change of ownership give name and address of previous owner			OIL CON.	DIA.
			DIST. 3	<del></del>
II. DESCRIPTION OF WELL AND LEAS	SE	<u> </u>	Dist.	
<b>.</b>	ell No. Pool Name, Including		Kind of Lease	Legae No.
San Juan 29-5 Unit	28 Blanco Mesa M	Verde	XXX, Federal or FXX	NM-0318
Location				
Unit Letter M : 990 F	eet From The South L	Ine and990	Feet From The West	·
Line of Section 20 Township	29N Range	5W , NMP)	u. Rio Arriba	County
III. DESIGNATION OF TRANSPORTER	O OE OH AND MATTIDA	I CAS		
Name of Authorized Transporter of Oil	or Condensate	Address (Give address	to which approved copy of this f	orm is to be sent)
UPG, Inc.		P.O. Box 66.	Liberal, Kansas 6790	01
Name of Authorized Transporter of Casinghead	Gae cr Dry Gas 🕅		to which approved copy of this f	
Northwest Pipeline Corpor	ation	P.O. Box 90, Farmington, New Mexico 87499		
If well produces oil or liquids, Unit	Sec. Twp. Rgs.	Is gas actually connec	<del>-</del>	<del></del>
give location of tanks.	20 29N 5W		i	
If this production is commingled with that f	rom any other lease or pool	give commingling ords	er number:	
•				
NOTE: Complete Parts IV and V on re-	verse side if necessary.			
VI. CERTIFICATE OF COMPLIANCE	4		CONSERVATION DIVISIO	ıNı
VI. CERTIFICATE OF COMPETANCE	•			• •
I hereby certify that the rules and regulations of the			SJAN 1	R 1985
been complied with and that the information given i my knowledge and belief.	s true and complete to the best of	16	S. 1. 1.	
my knowledge and benes.		BY	- Jank	Save /
. 0		TITLE	SUPERVISOR DI	STRICT #/3
Kind of Cm.		This form is t	o be filed in compliance with	RULE 1104.
Sulla. Illaga		11	uest for allowable for a newl	-
Linda S. Marques (Sienoswe)		well, this form mus	it be accompanied by a tabula	tion of the deviation
Production and Drilling C	lerk	Н	well in accordance with AU	
(Title)		able on new and re	f this form must be filled out completed wells.	completely for allo-

completed wells.

January 9, 1985

(Date)