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IERGY	AND !	MIN	ERALS	DEPART	MENT

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TRANSPORTER	OIL		
	GAL		
OPERATOR			
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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

REQUEST FOR ALLOWABLE
AND

JAN2 01986

AUTHORIZATION TO TRANSPORT OIL AND NATUR Operator Northwest Pipeline Corporation Address 87499 P.O. Box 90 - Farmington, New Mexico Other (Please expiain) Resson(s) for tiling (Check proper box) New Well Dry Gas Oil Recompletion Condensate Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Lease No. Kind of Lease Lease Name 078426 为hxxx Federal XXXXX Blanco Mesa Verde 65 San Juan 29-6 Unit Location North Line and 900 Rio Arriba Range 6W County 29N Township Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Agazess (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate XX P.O. Drawer 1320 - Farmington, NM Mancos Corporation Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casingnead Gas or Dry Gas AA P.O. Box 990 - Farmington, New Mexico El Paso Natural Gas Company When Is gas actually connected? Sec. Rge. Twp. Unit If well produces oil or liquida, 29N · 6W 19 give location of tanks. Α

NOTE: Complete Parts IV and V on reverse side if necessary.

If this production is commingled with that from any other lease or pool, give commingling order numbers

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.

Crario Harmon	3
Carrie Harmon (Signature) Production & Drilling Clerk	
(Title)	
January 16, 1986	

(Date)

OIL CONSERVATION DIVISION

APPROVED STAN 20 1986

SUPERVISOR DISTRICT

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

If this is a request for allowable for a newly drilled or deepen: well, this form must be accompanied by a tabulation of the deviati tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for alloable on new and recompleted wells.

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

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