STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

			-
(****	1	
DISTRIBUTE	OM	1	
SAMEA FE			
FILE			
U.\$.G.\$.		1	
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
			ĺ

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
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GA

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
l				
Cperator				
Northwest Pipeline Corporation				
Address	•			
P.O. Box 90 - Farmington, New Mexico 87499				
Reason(s) for filing (Check proper box)	Other (Please explain)			
New Well Change in Transporter of:	_			
Recomplation Oil Dry Gaz				
Change in Ownership Casinghead Gas	X Condensate			
If change of ownership give name and address of previous owner				
II. DESCRIPTION OF WELL AND LEASE				
Lease Name Weil No. Pool Name, Includit	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
San Juan 29-6 Unit 60 Blanco Mes	a Verde 实际XX SF 078426			
Location				
Unit Letter H : 1800 Feet From The North Line and 810 Feet From The East				
Unit Letter				
Line of Section 18 Township 29N Range	6W , NMPM, Rio Arriba County			
	·			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of CII or Condensate \(\) Address (Give address to which approved copy of this form is to be sent)				
Four-Four Inc. P.O. Box 821 - Farmington, NM 87499				
Name of Authorized Transporter of Casinghead Gas or Dry Gas [X] Address (Give address to which approved copy of this form is to be sent)				
Northwest Pipeline Corporation P.O. Box 90 - Farmington, NM 87499				
Itali Sec. Two. 'Rge. Is gas actually connected?' , When				
If well produces all or liquids, give location of tanks. H 18 29N 6W				
If this production is commingled with that from any other lease or p	ooi, give comminging order number.			
NOTE: Complete Parts IV and V on reverse side if necessary.				
VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION				
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.				
i o o o o o o o o o o o o o o o o o o o	0			
es v, SA.	TITLE SUPERVISOR DISTRICT			
	This form is to be filed in compliance with RULE 1104.			
Milly Animon on o, and If this is a request for allowable for a newly drilled or deeper				
(Signatury) A Sp.	well, this form must be accompanied by a tabulation of the deviati			
Production & Drilling Clark	tests taken on the well in accordance with RULE 111.			
(Title) , 3 O/	All sections of this form must be filled out completely for allo-			
May 21, 1986	able on new and recompleted wells. Fill out only Sections I. II. III. and VI for changes of owns			
(Date)	well name or number, or transporter, or other such change of condition			
Separate Forms C-104 must be filed for each pool in mul				
completed wells.				