

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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|                        | GAS |
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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

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MAY 17 1988  
OIL CON. DIV.  
DIST. 3

I.

|                                                                                                                            |                                                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Operator<br>Northwest Pipeline Corporation                                                                                 |                                                                                                                                                                                                       |
| Address<br>3539 E. 30th - Farmington, NM 87401                                                                             |                                                                                                                                                                                                       |
| Reason(s) for filing (Check proper box)                                                                                    | Other (Please explain)                                                                                                                                                                                |
| <input type="checkbox"/> New Well<br><input type="checkbox"/> Recompletion<br><input type="checkbox"/> Change in Ownership | Change in Transporter of:<br><input type="checkbox"/> Oil<br><input type="checkbox"/> Casinghead Gas<br><input checked="" type="checkbox"/> Dry Gas<br><input checked="" type="checkbox"/> Condensate |

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|                                  |                 |                                                     |                                                          |                          |
|----------------------------------|-----------------|-----------------------------------------------------|----------------------------------------------------------|--------------------------|
| Lease Name<br>San Juan 29-6 Unit | Well No.<br>18  | Pool Name, including Formation<br>Blanco Mesa Verde | Kind of Lease<br><del>XXXX</del> Federal <del>XXXX</del> | Lease No.<br>SF-080379-A |
| Location                         |                 |                                                     |                                                          |                          |
| Unit Letter<br>M                 | 790             | Feet From The<br>South                              | Line and<br>1025                                         | Feet From The<br>West    |
| Line of Section<br>5             | Township<br>29N | Range<br>6W                                         | , NMPM, Rio Arriba                                       |                          |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                          |                                                                          |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |
| Gary Energy Corporation                                                                                                  | P.O. Box 159 - Bloomfield, NM 87413                                      |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Northwest Pipeline Corporation                                                                                           | 3539 E. 30th - Farmington, NM 87401                                      |
| If well produces oil or liquids,<br>give location of tanks.                                                              | Is gas actually connected? When                                          |
| Unit<br>M                                                                                                                | Sec.<br>5                                                                |
| Twp.<br>29N                                                                                                              | Rge.<br>6W                                                               |

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

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

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.

*Carrie Harmon*

Production & Drilling Clerk

May 12, 1988

(Title)

(Date)

OIL CONSERVATION DIVISION

MAY 18 1988

APPROVED \_\_\_\_\_, 19

BY *James J. Chung*

TITLE SUPERVISION DISTRICT # 3

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

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

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

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

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