STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			\overline{T}
SANTA FE			1
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LAWO OFFICE			1
TAANSPORTER	OIL	Ī	
	GAA	,	
OPERATOR			1
PROBATION OFFICE			

OIL CONSERVATION DIVISION

P. O. SOX 2088

SANTA FE. NEW MEXICO 87501

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

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

OPERATOR NOTARING	+				RECUE	EST FO	OR ALLO	WABLE						
PROMATION OFFICE	+-		AUTUO				AND			•				
I.		•	AUTHU	RIZATIO	סז אכ	TRANS	SPORT O	IL AND	NATUE	RAL G	AS			
Cperator		· · · · · · · · · · · · · · · · · · ·												
Northwest Pip	elir	ne Corpo	ration	1		-								
Ausreas														
P.O. Box 90 -	Far	rminator	. New	Mexic	o 8	7499								
Reason(s) for tiling (Che			,				·	LOther	(Please	*****				
New Well			Change i	n Transp	orier ol:					£ 1 p. 61.	• •			
Recompletion			Cii				ry Gas					7	s.f	
Change in Ownership			Can	inghead (Gua	V	ondensale	.]						
If change of ownership and address of previous	owne	r	· I CP											
II. DESCRIPTION OF	WEL	T VOD F		I Pool No	arie. Inci	water E	crmation			Vind of	Legae		· ·	
San Juan 29-6	i IIn	i+	29	i	nco M	-						Λ Α Λ 7 Ι		SF: 0782
Location) 011	1 C		Dia	iico m	esa v	erue			exex y	-deral)(X X X X X		3F? 0782
Unit Letter N	<u></u> :_	990	_Feet Fro	om The	South	L:	ne and	1650		_Feet	From The	•	West	
Line of Section 3		Township	29N		Rer	w 6	<u> </u>		нири,		Rio	Arrit	oa .	County
III. DESIGNATION C	F TR	ANSPORT	TER OF (OIT AN	רא זא רוו	ו ג פוזיי	CAS	•						
Name of Authorized Trans	porter	of Cit [ondensat		·	Address	(Cive ad	dress to	which	approved	copy of	this form is	to be sent
Mancos Corpor	atio	n					P.O.	Drawe	r 132	0 -	Farmin	ngton,	, NM 8	7499
Name of Authorized Trans	porter	of Casingne	ad Gus [or E	ty Gas [X	•					•	this form is i	io de senti
Northwest Pip	elir	ne Corpo	ration	1			P.0.	Box 9	0 - F	armi	ngton	, New	Mexico	87499 .
If well produces all or liquidive location of tanks.	ııde,	Unit	S•c.		29N	6W	la gas a	ctually co	onnected	7	When			
If this production is com	mingi	ed with the	t from an	y other	lesse or	r pool,	give com	mingling	order	umber	:			
_				-										
NOTE: Complete Par	IS IV	and V on	reverse s.	ide if n	ecessary	'.								
VI. CERTIFICATE OF	COM	PHANCE						C	IL CO	NSEF	IVATIO	N DIV	USION	,
											_	JA	WIU	98 6
I hereby certify that the rules been complied with and that t	and re	gulations of	the Oil Co	nservatio	n Divisio	n have	APPR	OVED.		- 6-	7 - 1		/ •,	18 4
my knowledge and belief.		macion give	11 15 (100 21)	id compic	ic to the	Desi Oi	BY			حج مييونه	المادر مسعود	ر برسوس سالم	1.00	72.
]						0	
^	,						TITLE	<u> </u>	··			HPERVIS	OR DISTRICT	告 3
I_{α}	-7/					_	-	da Com	1	- (11			with RULE	
(Cellus	7/	MMC	17			5-	1							: 1104. •d or deepen:
Carrie Harmon Production &		Siemiwe)	erk				well, the	hi= (orm	must b	9 8000	mpanie	d by a t	abulation of	f the devices
January 13, 1		(Title)	·				Able or	T UEM W	nd recor	nplete	d wells.	1		tely for allo-
VALUATI 109	200	(Date)				-	FII	ll out or	nly Sec	tions	1. II. T	I, and	VI for chan	e of conditie
						- 11	- orr us	ine or n			. Portati c	I OLD OL	-ACU CURUE	of conditie