## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Date)

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DISTRIBUTION			1
SANTA PE			
PILE			
U.1.0.4.			
LAHO OFFICE			
TRANSPORTER	OIL		
	BAS	!	
OPERATOR			
PROBATION OFFICE			

## OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 05-01-83

TRANSPORTER GAS		REQUEST I	FOR ALLOW	ABLE			
PROBATION OFFICE			AND				•
I.	- AUTHOR	ZIZATION TO TRA	NSPORT OII	L AND NATU	RAL GAS		
Operator			<del> </del>				
Northwest Pipel	ine Corporatio	n					
Address							
P.O. Box 90 - F		Mexico 874	.99				
Reeson(s) for liling (Check pr				Other (Please	e explain)		
New Well		n Transporter of:	Dry Gas				
Change in Ownership	Con	nghead Gas X	Condensate				
Change in Contacting		ngneda Gda	Condensate	!	<del> </del>		
If change of ownership give and address of previous own							<del></del>
II. DESCRIPTION OF WE	LL AND LEASE						
Lease Name	Well No.	Pool Name, Including	Formation		Kind of Lease		Lease N
San Juan 29-6 U	Init 13	Blanco Mesa	Verde		SXXX Federal OX XXX	SF	080379
Location							
Unii Letter :	1650 Feet From	m The South	Line and	982	Feet From The	West	•
Line of Section 6	Township 29	N Range	6W	, ммрм	. Rio Arriba	· · · · · · · · · · · · · · · · · · ·	Count
III. DESIGNATION OF T			AL GAS				
Name of Authorized Transport	er of CII or Co	andensate (			to which approved copy		
Four-Four Inc.		or Dry Gas i X			Farmington, – Farmington,		-
El Paso Natural		] or Dr. A cas (	1	•	- Farmington,	-	
El Paso Natural	Unit Sec.	. Twp. Rge.		tuaily connects		NH 0743	3
If well produces oil or liquids, give location of tanks.		6 29N 6W	l -		1		
If this production is commin	gled with that from an	y other lesse or poo	ol, give com	ningling order	number:		
NOTE: Complete Parts I.	V and V on reverse s	ide if necessary.					
			11	0" 0	01050147101.5		
VI. CERTIFICATE OF CO	MPLIANCE			UIL C	ONSERVATION C		1 4000
I hereby certify that the rules and	regulations and office	Armion Division ha	vc APPR	OVED	270	MOIN I	1986
been complied with and that the is			of		Trank / (4		
my knowledge and belief.	L U		BY	<del></del>	BUDERWINGS	- Xava	
	JUN	V 1 0 1986	UN TITLE		SUPERVISOR D	ISTRICT (# ?	
$\hat{i}$	// 011 -	1986			>= #11=# 1= ====11:		1104
( GMID 7	Jarmon Ci	ON MA	. 11		be filed in complian sest for allowable for		
Production & Dr	(Signature) Di	ST. 3	well, t	his form must	be accompanied by well in accordance w	a tabulation of	the deviat
Froduction & Di	(Title)	·	-   A1	1 sections of	this form must be fil		
May 29, 1986	1		able or	new and rec	completed 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.