STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

Production & Drilling Clerk

June 3, 1986

(Tule)

(Date)

50. 0F (0FIE 011	****	T	
DISTRIBUTION		1	
BANTA PE			
PILE			_
U.S.G.S.			
LAND OFFICE			
TRAMSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OFFICE			

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

OPERATOR	DEST FOR ALLO	TABLE	÷
PROBATION OFFICE	AND	•	
AUTHORIZATION T	O TRANSPORT OF	L AND NATURAL GAS	
1.			
Operator			
Northwest Pipeline Corporation			
Adaress			
P.O. Box 90 - Farmington, New Mexico	87499		
Resion(s) for filing (Check proper box)		Other (Please explain)	
	- 1.	Other (Flease explain)	
New Well Change in Transporter			
Recompletion CII	Dry Gas		
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 Well No. Pool Name,	including Formation	Kind of Lease	Legse No
San Juan 29-6 Unit 68A Blanco	Mesa Verde	%₩XXXXXXXX XXXX F • •	Fee
Location			
Unit Letter 0 : 1690 Feet From The Ed	iSt_Line and	1000 Feet From The South	,
Line of Section 29 Township 29N	Range 6W	, ммрм. Rio Arriba	County
III. DESIGNATION OF TRANSPORTER OF OIL AND N	CATTIDAL CAS	•	
Name of Authorized Transporter of CII or Condensate	Aggress	(Give address to which approved copy of this	form is to be sent!
	~		
Four-Four Inc. Name of Authorized Transporter of Casinghedd Gas or Dry G		. Box 821 - Farmington, NM (Give address to which approved copy of this)	8/499
- 			orm is to be sent;
Northwest Pipeline Corporation			87499 ·
If well produces oil or liquids, Unit Sec. Twp.	Rge. Is gas as	tually connected? When	
give location of tanks. ! 0 29 29N	: 6W		•
If this production is commingled with that from any other leas	e or pool, give com	mingling order number:	
NOTE: Complete Parts IV and V on reverse side if neces.	rary		
- Complete Turis IV und V on Teverse state if neces.	··· 11		
VI. CERTIFICATE OF COMPLIANCE	lj .	OIL CONSERVATION DIVISION	1N
	il i		N 1 0 1986
hereby certify that the rules and regulation of the Off Conferencion Dis	vision have APPB	ED .CZ	19 1300
been complied with and that the information given is true and complete to	the bess of		•
my knowledge and belief.	BY	James Javas	
JIIM -		SHAP OF STREET	
JUN 1 0 1986	TITLE	SUPERMISOR DISTRICT IN 1	<u>t</u>
Office of the contract of the		is form is to be filled in securitions.	. mill # 1104
SURLY -HOLYMANDN AND		his form is to be filed in compliance with	
(Signature) DIST O		this is a request for allowable for a new his form must be accompanied by a tabul	
Dunduntion & Duilling Cloub		his form must be accompanied by a tabul aken on the well in accordance with au	

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

completed wells.

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