STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION	_	_
SANTA PE	1-	1
FILE	+-	!
U.8.G.8.	+-	-
LAND OFFICE	┼	-
TRANSPORTER OIL	1	
GAS		
OPERATOR		\vdash
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

REQUEST FOR ALLOWABLE

PROBATION OFFICE	AUTHORIZATION TO TRAI	AND NSPORT OIL		
Northwest Pipeline Corpo				
Address Corpe	ration			
P.O. Box 90, Farmington,	New Mexico 87499			m e m
Reson(s) for filing (Check proper box)		10	ther (Please explain)	21 B
New Well	Change in Transporter of:		mer (Freate explain)	JE B
Recompletion Change in Ownership	ou	Dry Gas	III	. 1035
Change in Consersation	Casinghead Gas (X	Condensate		B 0.1
If change of ownership give name and address of previous owner				
				
II. DESCRIPTION OF WELL AND LI	EASE		•	Com.
San Juan 29-6 Unit	Well No. Pool Name, Including		Kind of Lease	Lease No.
Location	61A Blanco Mesa	Verde	SXXXXXXXXXXXXXXF••	FEE
Unit Letter C : 815	Feet From The North	170	n	
	_ test tow the HOLCH - F	.ine and1/3	Feet From The	Vest
Line of Section 19 Township	p 29N Range	6W	, NMPM, Rio Arriba	
III. DESIGNATION OF TRANSPORT		-		County
Mame of Authorized Transporter of Oil	or Condensate AND NATURA	AL GAS		
UPG, Inc.	_	P.O. B	e address to which approved copy OX 66, Liberal, Kansa	of this form is to be sent)
Name of Authorized Transporter of Casinghe	ad Gas or Dry Gas A	Address (Giv	e address to which approved copy	of this form is to be easily
El Paso Natural Gas Compa		P.O. B	ox 990, Farmington, N	New Mexico 87499
If well produces oil or liquids, Unit give location of tanks.	1,040	la qua actual	ly connected? When	3
If this production is commingled with the	it from any other lease or pool	. Rive comming	ling order number	
NOTE: Complete Parts IV and V on	reverse side if necessary.			
VI. CERTIFICATE OF COMPLIANCE	*.		OIL CONSERVATION D	IIVISION
I hereby certify that the rules and regulations of	the Oil Conservation Division have	45555		FFR: 1 1985
been complied with and that the information give my knowledge and belief.	n is true and complete to the best of	APPROVE	8	19
		BY	Do dufe.	· Javey
		TITLE	SUP	ERVISOR DISTRICT # 3
Dind May	aus B	This f	orm is to be filed in complian	Ce with still F 1104
Linda S. Marques (Signature)/ Production and Drilling C		If this well, this i	is a request for allowable for orm must be accompanied by on the well in accordance w	a newly drilled or deepene
(Tule) January 30, 1985		All ser	tions of this form must be fill w and recompleted wells.	
(Date)		Fill out only Sections I. H. III, and VI for changes of owne well name or number, or transporter, or other such change of condition		
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Separate Forms C-104 must be filed for each pool in multip: completed wells.