STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

| **. ** 1***** *** | **** | T | |
|-------------------|------|----|---|
| DISTRIBUTION | | | Т |
| BANTA PE | | T | 1 |
| FILE | | 1_ | |
| V.s.a.s. | | T | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL | | |
| | GAS | | |
| OPERATOR | | | |
| PRORATION OFFICE | | | |

P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

JAN 2 0 1986

OIL CON. DIV. DIST. 3

REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| Operator | | | |
|--|--|--|--|
| Northwest Pipeline Corporation | | | |
| Address | | | |
| P.O. Box 90 - Farmington, New Mexico 87499 | | | |
| Resson(s) for filing (Check proper box) Other (Please explain) | | | |
| New Well Change in Transparter of: | | | |
| Recompision Cil Change in Ownership Casinghead Gas XX | Dry Gas Condensate | | |
| If change of ownership give name and address of provious owner | | | |
| II. DESCRIPTION OF WELL AND LEASE | | | |
| Lease Name Well No. Pool Name, Including | Lease No. | | |
| San Juan 29-5 Unit 20A Blanco Mesa | Verde | | |
| Unit Letter F , 1850 Feet From The North Line and 1850 Feet From The West | | | |
| Line of Section: 7 Township 29N Range | 5W , NMPM, Rio Arriba County | | |
| MIL DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Mancos Corporation Name of Authorized Transporter of Casingnead Gas or Dry Gas AND Northwest Pipeline Corporation When the state of the Mancos of the Mancos Corporation Onthe Sec. Twp. Res. | ALGAS Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 1320 - Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent) P.O. Box 90 - Farmington, New Mexico 87499 | | |
| of the location of tanks. If well produces oil or liquids, Sec. Twp. Rec. T | i - | | |
| 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 | OIL CONSERVATION DIVISION | | |
| I hereby certify that the rules and regulations of the Oil Conservation Division have | APPROVED INN 201986 | | |
| been complied with and that the information given is true and complete to the best of my knowledge and belief. | | | |
| • | BY Stanta | | |
| | TITLE SUPERVISOR DISTRICT | | |
| 1 Allenda | This form is to be filed in compliance with RULE 1104. | | |
| Carrie Harmon (Signature) Production & Drilling Clerk | If this is a request for sllowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviati tests taken on the well in accordance with AULE 111. | | |
| January 7, 1986 | All sections of this form must be filled out completely for allo- able on new and recompleted wells. | | |
| (Dete) | 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. | | |