STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION		1	Γ.
SANTA FE		1	
FILE			
U.1.0.1.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAB		
OPERATOR			
PRORATION OFFICE			

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

REQUEST FOR ALLOWABLE

Revised 10-01-78 rmat 08-01-83

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

BECENNE DI AND

I.	FOR FOIL AND NATURAL GAS			
Operator				
Northwest Pipeline Corporation				
Address				
3539 E. 30th - Farmington, NM 87401				
Reason(s) for filing (Check proper box)	Other (Please explain)			
New Well Change in Transporter of:	·			
	y Gas			
Change in Ownership Casinghead Gas XX Co	andens ate			
If change of ownership give name and address of previous owner				
· ·				
II. DESCRIPTION OF WELL AND LEASE				
Lease Name Well No. Pool Name, Including Fo	2000 1101			
San Juan 29-6 Unit 32A Blanco Mesa	Verde 系統、Federal 外次数 NM 012698			
Location T 1500				
Unit Letter F: 1560 Feet From The North Lin	e and 1490 Feet From The West			
Line of Section 11 Township 29N Range	6W , NMPM, Rio Arriba County			
·				
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil or Condensate XX	Address (Give address to which approved copy of this form is to be sent)			
Gary Energy Corporation	P.O. Box 159 - Bloomfield, NM 87413 Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX	1			
Northwest Pipeline Corporation	3539 E. 30th - Farmington, NM 87401			
If well produces off or liquids, que location of tanks. Unit Sec. Twp. Rge.	is gas actually connected? When			
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	ANCE OIL CONSERVATION DIVISION 1000			
11 Ook 00 1300				
I hereby certify that the rules and regulations of the Oil Conservation Division have APPROVED 19				
been complied with and that the information given is true and complete to the best of my knowledge and belief.	BY Shew			
3	TITLE SUPERVISION DISTRICT # 3			
	TITLE THE THE THE TENT OF THE			
	This form is to be filed in compliance with RULE 1104.			
Cliva Harman	If this is a request for allowable for a newly drilled or deepened			
(Signature) Well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with MULE 111.				
(Title) June 2, 1988	All sections of this form must be filled out completely for allowable on new and recompleted wells.			
(Date) Fill out only Sections I, II, III, and VI for change well name or number, or transporter, or other such change				