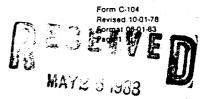
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

##. #F COPICE BEC	E 1 Y E #		
DISTRIBUTION			
SANTA FE			•
FILE			
U.S.G.S.			
LAND OFFICE			_
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

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



OFFRAYOR	ND OIL CON, DIV.			
AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS DIST 3				
I.	PORT OIL AND NATURAL GAS DIST. 3			
Operator				
Northwest Pipeline Corporation				
Address				
3539 East 30th - Farmington, NM 87401				
Reason(s) for filing (Check proper box)	Other (Please explain)			
New Well Change in Transporter of:				
Recompletion OII D	ry Gas			
Change in Ownership Casinghead Gas X C	ondensate			
If change of ownership give name				
and address of previous owner				
II. DESCRIPTION OF WELL AND LEASE				
Lease Name Well No. Pool Name, Including F				
Rosa 43 Basin Dakota	XXXX Foderal oXXXX SF 078889			
Location				
Unit Letter J : 1550 Feet From The South Lir	ne andFeet From TheEast			
Oint Later	·			
Line of Section 19 Township 31N Range	4W , NMPM. Rio Arriba County			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil or Condensate X Address (Give address to which approved copy of this form is to be sent)				
Gary Energy Corporation P.O. Box 159 - Bloomfield, NM 87413				
Name of Authorized Transporter of Casinghead Gas or Dry Gas X	Address (Give address to which approved copy of this form is to be sent)			
Northwest Pipeline Corporation				
If well produces oil or liquids, J 19 31N 4W	Is gas actually connected? When			
give location of tanks.				
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				
MAY 25 1988				
I hereby certify that the rules and regulations of the Oil Conservation Division have APPROVED				
been complied with and that the information given is true and complete to the best of my knowledge and belief.				
my knowledge and benefit	BY			
\sim 1	TITLE SUPERVISION DISTRICT # 3			
· // · · · //	This form is to be filed in compliance with RULE 1104.			
1 alun Haman	If this is a request for allowable for a newly drilled or despened			
(Signature)	well, this form must be accompanied by a tabulation of the deviation			
Production & Drilling Clerk	tests taken on the well in accordance with AULE 111.			
May 22 1000 (Title)	All sections of this form must be filled out completely for allowable on new and recompleted wells.			
May 23, 1988	Fill out only Sections I. II. III, and VI for changes of owner,			
(Date) well name or number, or transporter, or other such change				
	Separate Forms C-104 must be filed for each pool in multiply			
	completed wells.			