## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

	41740		
DISTRIBUTE			
SANTA FE			
FILE			
u.s.a.s.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	1	
OPERATOR			
PROBATION OFF			

## OIL CONSERVATION DIVISION-

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104 Reviseo-18-01-78

LAND OFFICE		SAMA			0,501	LUN BOND TO THE	ଧୟର 🍐	
	*.					MAY 191		
TRANSPORTER		DEC	HEST EN	R ALLOWAB		OLCON		
OPERATOR		RLG		1 · 4	LE	OIL CAN	12180	
PROBATION OFFICE	AUTHOS	NATION T		ND/ PORT OIL A		All the second s	3	
I.	AUTHUR	IZATION I	U IKANS	PURT UIL A	ND NATU	RAL GAS		A. P
Operative							<del></del> -	
Northwest Pipeline	<u>Corporation</u>							
Address							<del></del>	
P.O. Box 90 - Farm		Mexico	87499					
Respon(s) for filing (Check prope	r boxj			01	her (Please	expiain)		
New Well	Change is	n Transporter	oi:		Change t	from Undesignate	d Gallun	to
Recompletion	OII			ry Gas	anuna	Seca Gallup per	Sito Ond	~~ 010A
Change in Ownership	Casi	nahead Gas		ondensate	-agana .	seed darrup per	Site Orde	21 0100
<u> </u>		<del></del>	=_			····		
If change of ownership give na-	me							
and address of previous owner			·	<del></del>			· <del></del>	
II. DESCRIPTION OF WELL	ANTHEASP							
Lease Name		Pool Name,	ncluding F	ormation	<del></del>	Kind of Lease		<del></del>
Rosa Unit	67					C.F.		
Location		Lagui	ia seca	Garrup		为以外XFederal 外X外X	SF	078771
Location	1500							
Unit Letter	1520 Feet Fro	m The NOT	<u>rth</u> lin	e and 15	10	Feet From The Ea	<u>s</u> t	·
Line of Section 4	Township 3	1 N	Range	<u>6</u> W	, NMPM,	<u>Rio Arriba</u>		Coun
III. DESIGNATION OF TRA					·			
Name of Authorized Transporter of	of Cil or C	ondenagte		Address (Giv	e address s	o which approved copy of	this form is to	be sent)
Name of Authorized Transporter o	il Casinghead Gas 🛛	or Dry G	as 🗀	Address (Giv	e address s	o which approved copy of	this form is to	be sentj
Northwest Pipeline	Corporation			P.O. Bo	x 90 -	Farmington, NM	87499	
If well produces oil or liquids,	Unit Sec.	. Twp.	Rge.	ls gas actuai	ly connecte	d? When	07 733	
give location of tanks.			ì	Yes		i		
			<u> </u>	<del></del>		<del></del>		
If this production is commingle	d with that from an	y other leas	e or pool,	give comming	ling order	number:		
NOTE: Complete Parts IV a	ind V on reverse s	ide if neces	arv.					
				n				
VI. CERTIFICATE OF COMP	PHANCE			11	OIL CO	DNSERVATION DIV	/ISION	
	MA TOD			11		887	Y 19 19	RR
I hereby certify that the rules and reg	gulations of the Oil Co	onservation Div	vision have	APPROV	ED	AIN	1 2/19	19
been complied with and that the infor	mation given is true ar	nd complete to	the best of				『丁( <i>コ</i> ダ)	
my knowledge and belief.				BY		1) rank		~4/
						<b>G</b> HIDE	RVISOR DISTRIC	ст 🔂 в
Λ	1			TITLE	<del></del>	301.		

<u>Barrie Hannon</u>	$\mathcal{Z}$
Production & Drilling Clerk	
(Title) 5-15-86	

(Daie)

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deope well, this form must be accompanied by a tabulation of the deviate taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all able on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of own well name or number, or transporter, or other such change of condit.

Separate Forms C-104 must be filed for each poel in multi completed wells.