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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O.Box 2088
Santa Fe, New Mexico 87504-2088

In Lieu of Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | | |
|---|---------------|----------------------------|
| Operator NORTHWEST PIPELINE CORP. | OGRID: 016189 | Well API No. 3003922500 |
| Address P.O. BOX 58900, MS 10317, SALT LAKE CITY, UTAH 84158-0900 | | |
| Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry gas <input checked="" type="checkbox"/> Other (Please explain) Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/> | | |

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|-----------------|--|---|--------------------|
| Lease Name JICARILLA 92 | Well No. #16 | Pool Name, including Formation BLANCO MESAVERDE | Kind of Lease - State, Federal, or Fee FEDERAL | Lease No. JIC92 |
| Location Unit Letter <u>E</u> , <u>1670</u> Feet From The <u>NORTH</u> Line and <u>800</u> Feet From The <u>WEST</u> Line Section <u>30</u> Township <u>27N</u> Range <u>3W</u> NMPM <u>RIO ARRIBA</u> County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|---|-----------|---------------|-----------------|-------------|---|-------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> GARY WILLIAMS ENERGY CORP. | | | | | Address (Give address to which approved copy of this form is to be sent) 370 17TH ST. SUITE 5300 DENVER, CO 80202 | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> WILLIAMS FIELD SERVICES | | | | | Address (Give address to which approved copy of this form is to be sent) ATTN: GLENNA BITTON, PO BOX 58900, SLC, UTAH 84158-0900 | |
| If well produced oil or liquids, give location of tanks | Unit E | Section 30 | Township 27N | Range 3W | Is gas actually connected? | When? |

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

| | | | | | | | | | | |
|------------------------------------|----------------------------------|--|----------|----------|-----------------|----------|--------|-------------------|------------|------------|
| Designate Type of Completion - (X) | | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded | Date Completion Ready to Produce | | | | Total Depth | | | P.B.T.D. | | |
| Elevations (DF, RKB), RT, GR, etc. | Name of Producing Formation | | | | Top/Oil/Gas Pay | | | Tubing Depth | | |
| Perforations | | | | | | | | Depth Casing Shoe | | |

| TUBING, CASING AND CEMENTING RECORD | | | |
|-------------------------------------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | | | |
| | | | |
| | | | |
| | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

| | | | |
|--------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tank | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Production During Test | Oil - Barrels | Water - Barrels | Gas - MCF |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Production Test - MCF/D | Length of Test | Barrels Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge.

Kathy Barney
Signature
KATHY BARNEY
Printed Name
OFFICE ASSISTANT
Title
December 22, 1993
Date
(801)584-6981
Telephone Number

Date Approved DEC 27 1993
By [Signature]
Title SUPERVISOR DISTRICT #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
2) All sections of this form must be filled out for allowable on new and recompleted wells.
3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.