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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. 3003922501
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: Oil <input type="checkbox"/> Dry gas <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/>			

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

Lease Name JICARILLA 92		Well No. #15	Pool Name, including Formation BLANCO MESAVERDE	Kind of Lease - State, Federal, or Fee FEDERAL	Lease No. JIC92
Location Unit Letter N , 1080 Feet From The SOUTH Line and 1390 Feet From The WEST Line Section 30 Township 27N Range 3W NMPM RIO ARRIBA County					

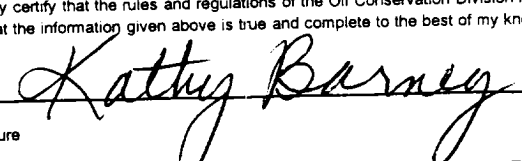
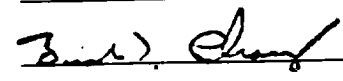
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> GARY WILLIAMS ENERGY CORP.					Address (Give address to which approved copy of this form is to be sent) 370 17TH ST. SUITE 5300 DENVER, CO 80202	
Name of Authorized Transporter of Casinghead 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 N	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: _____

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 (pitot, 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.  Signature KATHY BARNEY Printed Name OFFICE ASSISTANT Title December 22, 1993 Date (801)584-6981 Telephone Number		Date Approved DEC 27 1993 By  Title SUPERVISOR DISTRICT #3
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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.