

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	☐ OIL ☐ GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

1.

Operator Northwest Pipeline Corporation	
Address P.O. Box 90, Farmington, New Mexico 87499	
Reason(s) for filing of form (check box)	
New Well ☐	Change in Transporter or Oil ☐ Dry Gas ☐
Recompletion ☐	Discontinuous Gas ☐ Condensate ☒
Change in Ownership ☐	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well Name	Section	Range	County
Blanco	2	Blanco Mesa Verde	XXX	Ind 8465
Location				
Unit Letter	1503	Foot From The North	1750	East
Line of Section	12	Township	27N	Range 9W
San Juan				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate ☒	Name of Authorized Transporter of Dry Gas ☒			
Petro Source Inc.	1979 So 700 West, Salt Lake City, Utah 84104			
Northwest Pipeline Corporation	P.O. Box 90, Farmington, New Mexico 87499			
If well produces oil or natural gas, give location of transport	Unit	Sec.	Range	County
	G	12	27N	9W

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	Water Well	Waterflood	Refractured	Sealed	Plug Back	Shut-In	Drill Rest.
Date Spudded	Date Comp. Ready to Prod.	Total Depth	F.B.T.D.						
Elevations (D.F., R.H., etc.,)	Name of Producing Formation	Top of 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 for allowable for this depth or be for full 24 hours.)

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

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back prod.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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

Donna J. Brace
Donna J. Brace (Signature)
Production Clerk (Title)
December 9, 1982 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Charles Johnson
TITLE _____

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

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

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

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

Form C-104 must be filed for each pool in multiple

dib/m