Submit 5 copies Appropriate District Office

DISTRICT 1

P.O. Box 1980, Hobbs, NM 88240 DISTRICT II
P.O.Drawer DD, Artesia NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87401

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: 0	16189		Well API No.			
Address P.O. BOX 58900, MS 10317, SALT LAKE CITY, UTAH 84158-0900								30039075	3003907525		
Reason(s) for Filing (Check proper bo		CITT, CIA	11 04150-090								
New Well Recompletion Change in Operator	Well ☐ Change in Transporter of: pmpletion ☐ Oil ☐					Dry gas ☎ □ Condensate ☎			Other (Please explain)		
If change of operator give name and address of previous operator			3.000	_	Condensate				<u> </u>		
II. DESCRIPTION OF WELL AND LEASE											
Lease Name		Kind of Lease - State, Federal, o			or Fee Lease No.						
INDIAN A	#2 CHOZA MESA P. C.					FEDERAL			JIC81		
	Unit Letter N , 1070 Feet From The SOUTH Line and					1030 Feet From The WEST			Line		
Section 30		mship 29 N		3 W	NMPM F	RIO ARRIBA	A County				
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil □ or Condensate 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 □ or Dry Gas ☎ 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 Section Township Range N 30 29N 3W				Is gas actually connected?			When?			
If this production is commingled with the	at from any other	lease or pool, g	ive commingling	order number:	L						
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.	<u> </u>		
Elevations (DF, RKB), RT, GR, etc.	Name of Producing Formation				Top/Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
									 -		
TUBING, CASING AND C						EMENTING 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	y or total volu	me of load oil a	and must be eq		·		r be for full 24 ho	ours.)		
					Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Pressure			Choke Size	1		
Actual Production During Test	tual Production During Test Oil - Barrels				Water - Barrels			Gas - MCF			
GAS WELL					<u> </u>		,		5 6000 867.	. 645. 3	
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								L			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with					DE(C 2 7 1993			
and that the information given above is true and complete to the best of my knowledge.					By 3)			Chan	chan/		
Signature						SUPERVISOR DISTRICT #2					
Signature KATHY BARNEY			OFFICE ASS	SISTANT	Title	-					
Printed Name	· <u>········</u>	- (OF FIOL AGO	Title							
December 22, 1993				584-6981							
			: eleprior	ne Number	ll .						

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

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

 Fill out only Sections 1, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.