

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OPERATOR	
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OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED  
JUN 08 1988  
OIL CON. DIV.  
DIST. 3

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

I.

Operator Northwest Pipeline Corporation	
Address 3539 E. 30th - Farmington, NM 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Condensate

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 31-6 Unit	Well No. 3A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease <del>XXX</del> Federal <del>XXX</del>	Lease No. NM 012735
Location Unit Letter <u>0</u> ; <u>745</u> Feet From The <u>South</u> Line and <u>1955</u> Feet From The <u>East</u>				
Line of Section <u>6</u> Township <u>30N</u> Range <u>6W</u> , NMPM, <u>Rio Arriba</u> Coun				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Gary Energy Corporation	P.O. Box 159 - Bloomfield, NM 87413
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Northwest Pipeline Corporation	3539 E. 30th - Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>0</u> Sec. <u>6</u> Twp. <u>30N</u> Rge. <u>6W</u>	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

*Carrie Harmon*  
(Signature)

Production & Drilling Clerk

June 2, 1988

(Title)

(Date)

OIL CONSERVATION DIVISION

JUN 08 1988

APPROVED \_\_\_\_\_  
BY *Sam D. [Signature]*  
TITLE \_\_\_\_\_  
SUPERVISION DISTRICT # 3

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

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

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

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

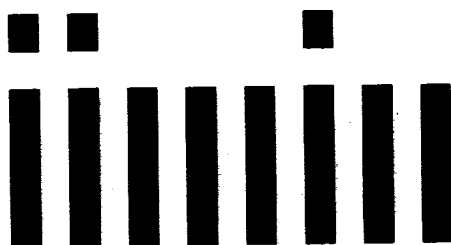
Separate Forms C-104 must be filed for each pool in multi-completed wells.

OFFICE OF THE  
ATTORNEY GENERAL  
STATE OF NEW YORK  
JAN 3 1960

**Job separation sheet**



**LTR**



**OIL CONSERVATION DIVISION**

**P.O. Box 2088**

**Santa Fe, New Mexico 8-504-2088**

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

TO TRANSPORT OIL AND NATURAL GAS

1. Operator **PHILLIPS PETROLEUM COMPANY** Well API No. \_\_\_\_\_

Address **300 W ARRINGTON, SUITE 200, FARMINGTON, NM 87401**

Reason(s) for Filing (Check proper box) ☐ Other (Please explain)

Change in Transporter of:

New Well ☐ Oil ☐ Dry Gas ☐

Recompletion ☐ Outage/Lead Gas ☐ Condensate ☐

Change in Operator ☒

If change of operator give name and address of previous operator **Northwest Pipeline Corp., 3535 E. 30th, Farmington, NM 87401**

II. DESCRIPTION OF WELL AND LEASE	Well

<b>II. DESCRIPTION OF WELL AND LEASE</b>				<b>Kind of Lease</b> <small>State, Federal or Private</small>	<b>Lease No.</b>
<b>Lease Name</b> San Juan 31-6 Unit	<b>Well No.</b> 3A	<b>Pool Name, Including Formation</b> Blanco Mesaverde			
<b>Location</b>					
<b>Unit Letter</b> O	<b>Section</b> 745	<b>Feet From The</b> South	<b>Line and</b> 1955	<b>Feet From The</b> East	<b>Use</b>
<b>Section</b> 6	<b>Township</b> 30N	<b>Range</b> 6W	<b>NMFL</b>	<b>Rio Arriba</b>	<b>County</b>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

<b>III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS</b>						
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
Gary Energy		P.O. Box 159, Bloomfield, NM 87413				
Name of Authorized Transporter of Crude Oil <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
Northwest Pipeline Corp.		P.O. Box 58900, SLC, UT 84158-0900				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rgn.	Is gas actually connected?	When?
Attached with this form any other lease or pool, give commingling order number.						

**IV. COMPLETION DATA**

[illegible]

**V. TEST DATA AND REQUEST FOR ALLOWABLE**  
 must be after recovery of total volume of blood

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL			
(Test must be after recovery of total volume of flood 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	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  APR 01 1941 </div>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

## GAS WELL

<b>GAS WELL</b>		<b>Oil Conservation Div.</b>	
Actual Prod. Test - MCF/D	Length of Test	B51a Condensate/MMCF	Gravity of Condensate
			<b>DIST. 3</b>
Flowing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Chasing Pressure (Shut-in)	Choke Size
<b>STATE OF COMPLIANCE</b>		<b>OIL CONSERVATION DIVISION</b>	

# VL 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 and belief.

~~Signature~~ L. E. Robinson Sr. Drlg. & Prod. Engr.  
Title

Printed Name **APR** 0 1 1991 (505) 599-3412



Telephone No.

OIL CONSERVATION DIVISION  
APR 01 1991

**Date Approved**

By

**Title**

- 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.
  - 4) Separate Form C-104 must be filed for each pool in multiply completed wells.