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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

Operator Northwest Pipeline Corporation
Address P.O. Box 90, Farmington, New Mexico 87401
Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership Change in Transporter of: Oil Gas Casinghead Gas Dry Gas Condensate Other (Please explain)

If change of ownership give name and address of previous owner Amoco Production Co., 501 Airport Dr., Farmington, N.M. 87401

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Rosa Unit</u>	Well No. <u>68</u>	Pool Name, Including Formation <u>Basin Dakota</u>	Kind of Lease XXXX Federal XXXX	Lease No. SF <u>078769</u>
Location Unit Letter <u>L</u> : <u>1850'</u> Feet From The <u>South</u> Line and <u>790'</u> Feet From The <u>West</u> Line of Section <u>17</u> Township <u>31N</u> Range <u>5W</u> , N.M.P.M., <u>Rio Arriba</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>NONE</u>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Northwest Pipeline Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 90, Farmington, N.M. 87401</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

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

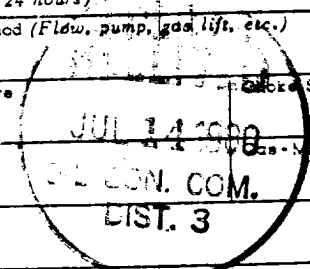
V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded <u>8-12-79</u>	Date Compl. Ready to Prod. <u>10-2-79</u>	Total Depth <u>8132</u>	P.B.T.D. <u>8064'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>6311' GR</u>	Name of Producing Formation <u>Dakota</u>	Top Oil/Gas Pay <u>7864'</u>	Tubing Depth <u>8064'</u>					
Perforations <u>7864'-7880'; 7910'-7926'; 7988'-8016'; 8042'-8057'</u>			Depth Casing Shoe <u>8129'</u>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>12-1/4"</u>	<u>9-5/8"</u>	<u>342'</u>	<u>250 sks</u>					
<u>7-7/8"</u>	<u>4-1/2"</u>	<u>8129'</u>	<u>2000 sks</u>					
	<u>2-3/8"</u>	<u>8064'</u>	<u>none</u>					

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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.



Test Date 5-16-80

GAS WELL

Actual Prod. Test - MCF/D <u>CV 720-AOF 5757 MCF/D</u>	Length of Test <u>3 hrs</u>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) <u>Back Pressure</u>	Tubing Pressure (Shut-in) <u>462 psig</u>	Casing Pressure (Shut-in) <u>1148 psig</u>	Choke Size <u>.75</u>

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 Brace
Donna Brace (Signature)
Production Clerk (Title)
July 11, 1980
(Date)

OIL CONSERVATION COMMISSION
JUL 16 1980
APPROVED _____, 19____
BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT #

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened 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.
Separate Form C-104 must be filed for each pool in multiply