

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

JAN 07 1986

OIL CON. DIV.  
DIST. 3

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS **NORTHWEST PIPELINE CORPORATION**

**I.**

Operator Northwest Pipeline Corporation

Address P.O. Box 90 - Farmington, New Mexico 87499 **APR 28 1986**

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) <b>PRODUCTION AND DRILLING</b>
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	Change of Operator
	<input type="checkbox"/> Condensate	

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

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Rosa Unit</u>	Well No. <u>97</u>	Pool Name, including Formation <u>Undes. Gallup</u>	Kind of Lease <u>Other, Federal</u>	Lease No. <u>SF078764</u>
Location				
Unit Letter <u>K</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>31</u>	Township <u>31N</u>	Range <u>5W</u>	NMPM, <u>Rio Arriba</u> County	

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Northwest Pipeline Corp.</u>	<u>P.O. Box 90 - Farmington, NM 87499</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When

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  
Carrie Harmon  
January 3, 1986  
(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED **APR 30, 1986**  
BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR 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 deepened well, this form must be accompanied by a tabulation of the deviate 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 Forms C-104 must be filed for each pool in multiple completed wells.