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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 <b>NORTHWEST PIPELINE CORP.</b>		OGRID: 016189	Well API No. 3004511397
Address <b>P.O. BOX 58900, MS 10317, SALT LAKE CITY, UTAH 84158-0900</b>			
Reason(s) for Filing (Check proper box)			
New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry gas <input checked="" type="checkbox"/> Other (Please explain)
Change in Operator	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate <input checked="" type="checkbox"/>

If change of operator give name and address of previous operator \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>COX CANYON UNIT</b>	Well No. <b>#1</b>	Pool Name, Including Formation <b>BLANCO MESAVERDE</b>	Kind of Lease - State, Federal, or Fee <b>FEDERAL</b>	Lease No. <b>8920009460</b>
Location				
Unit Letter <b>N</b> , <b>835</b>	Feet From The <b>SOUTH</b>	Line and <b>1980</b>	Feet From The <b>WEST</b>	Line
Section <b>16</b>	Township <b>32N</b> Range <b>11W</b>	<b>NMPM</b>	<b>SAN JUAN</b>	County

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)		
<b>GARY WILLIAMS ENERGY CORP.</b>		<b>370 17TH ST. SUITE 5300 DENVER, CO 80202</b>		
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)		
<b>WILLIAMS FIELD SERVICES</b>		<b>ATTN: GLENNA BITTON, PO BOX 58900, SLC, UTAH 84158-0900</b>		
If well produced oil or liquids, give location of tanks.	Unit <b>N</b>	Section <b>16</b>	Township <b>32N</b>	Range <b>11W</b>
Is gas actually connected?		When?		

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	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.		
Elevations (DF, RKB), RT, GR, etc.	Name of Producing Formation		Top/Oil/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 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	Choke Size <b>DEC 27 1993</b>
Actual Production During Test	Oil - Barrels	Water - Barrels	Gas - MCF <b>OIL CON. DIV.</b>

GAS WELL

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

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.

Kathy Barney  
Signature

KATHY BARNEY OFFICE ASSISTANT  
Printed Name Title

December 22, 1993 (801)584-6981  
Date Telephone Number

DEC 27 1993

Date Approved \_\_\_\_\_

By Brian D. Chang

Title SUPERVISOR DISTRICT 13

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.