

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 1-1-85

|                        |     |
|------------------------|-----|
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| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PRORATION OFFICE       |     |

|                                                      |                                                                                        |
|------------------------------------------------------|----------------------------------------------------------------------------------------|
| Operator<br>Northwest Pipeline Corporation           |                                                                                        |
| Address<br>P.O. Box 90, Farmington, New Mexico 87499 |                                                                                        |
| 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 type="checkbox"/>                          |
| Change in Ownership <input type="checkbox"/>         | Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/> |

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|                                                    |                                                                       |                         |                       |
|----------------------------------------------------|-----------------------------------------------------------------------|-------------------------|-----------------------|
| Lease Name<br>Cox Canyon Unit                      | Well No. / Pool Name, Indicate Formation<br>11 Blanco Pictured Cliffs | Kind of Lease<br>xxxxxx | Lease No.<br>NM 03189 |
| Location                                           |                                                                       |                         |                       |
| Unit Letter<br>P                                   | 910                                                                   | Feet From The<br>South  | 850                   |
| Line of Section<br>21 Township<br>32N Range<br>11W |                                                                       |                         |                       |
| San Juan                                           |                                                                       |                         |                       |

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 copy of this form is to be sent)          |
| Petro Source Inc.                                                                                                        | 1979 So 700 West, Salt Lake City, Utah 84104                             |
| 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) |
| El Paso Natural Gas Company                                                                                              | P.O. Box 990, Farmington, New Mexico 87499                               |
| If well produces oil or liquids,<br>give location of tanks.                                                              | Unit Sec. Twp. Rge.<br>P 21 32N 11W                                      |

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 | Some Rekey | Drill Rekey |
| Date Spudded                         | Date Compl. Ready to Prod.  |          | Total Depth      |          | P.B.T.D.          |           |            |             |
| Elevations (DF, RKB, RT, CR, etc.)   | Name of Producing Formation |          | Top Oil Gas Flow |          | 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 Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                  | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test        | Oil-Bbls.       | Water-Bbls.                                   |            |

GAS WELL

|                                  |                            |                           |                        |
|----------------------------------|----------------------------|---------------------------|------------------------|
| Actual Prod. Test-MCF/D          | Length of Test             | Bbls. Condensate/MMCF     | Quantity of Condensate |
| Testing Method (pilot, back pr.) | Testing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size             |

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 J. Brace  
Donna J. Brace  
Production Clerk  
December 9, 1982

OIL CONSERVATION COMMISSION

APPROVED  
BY  
TITLE

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.