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TRANSPORTER	OIL / GAS /
OPERATOR	/
PRORATION OFFICE	

## 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

I.

Operator	NORTHWEST PIPELINE CORPORATION
Address	P.O. BOX 90 FARMINGTON, N.M. 87401
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" 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 type="checkbox"/>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Holt	4	Blanco Pictured Cliffs	State, Federal or Fee state	30-045
Location				21484
Unit Letter	M	890 Feet From The	South Line and	1140 Feet From The
Line of Section	20	Township	32N	Range
			11W	, NMPM, San Juan 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)					
Northwest Pipeline Corp.	same as above					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Northwest Pipeline Corp.	same as above					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					no	

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.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
7-16-74	8-7-74	3384'	3378'					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
6590' GL	Pictured Cliffs	3162'	-					
Perforations			Depth Casing Shoe					
3240' 3300'			3384'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	100'	90 sacks					
6-3/4"	2-7/8"	3384'	160 sacks					

## 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-MCF

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
CV-2010 MCF/D CAOF 2080	MCF/D 3 hours	-	-
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
one point potential	-	1064 psia	3/4"

## 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.

(Signature)  
Production & Drilling Engineer(Title)  
September 6, 1974

(Date)

## OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_ SEP 9 - 1974

BY Original Signed by A. R. Kendrick

TITLE PETROLEUM ENGINEER DIST. NO. 8

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.

District I  
PO Box 1900, Hobbs, NM 88241-1900  
District II  
PO Drawer DD, Artesia, NM 88211-0719  
District III  
1000 Rio Brancos Rd., Aztec, NM 87410  
District IV  
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico  
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION  
PO Box 2088  
Santa Fe, NM 87504-2088

Form C-104  
Revised February 21, 1994  
Instructions on back  
Submit to Appropriate District Office  
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address <b>WILLIAMS PRODUCTION COMPANY P.O. BOX 58900 SALT LAKE CITY, UTAH 84158-0900</b>		OGRID Number <b>129732</b>
		Reason for Filing Code <b>CH EFFECTIVE DATE: 1/1/95</b>
API Number <b>3004521484</b>	Pool Name <b>BLANCO PICTURED CLIFFS</b>	Pool Code <b>7X359</b>
Property Code <b>017039</b>	Property Name <b>BOLT</b>	Well Number <b>84</b>

II. Surface Location

UL or lot no. <b>M</b>	Section <b>20</b>	Township <b>32</b>	Range <b>11W</b>	Lot Idn	Feet from the <b>890'</b>	North/South Line <b>SOUTH</b>	Feet from the <b>1140'</b>	East/West Line <b>WEST</b>	County <b>SAN JUAN</b>
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Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
Lea Code <b>FP</b>	Producing Method Code	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	ONG	POD ULSTR Location and Description
<b>000471</b>	<b>GARY WILLIAMS ENERGY 310 17TH ST, SUITE 5300 DENVER CO 80202</b>	<b>2014910</b>	<b>O</b>	<b>M 20 32 11W</b>
<b>025244</b>	<b>WILLIAMS FIELD SERVICES ATTN: GLENNA BITTON PO BOX 58900 SALT LAKE CITY UTAH 84158-0900</b>	<b>2014930</b>	<b>G</b>	
<b>7018</b>	<b>GIANT REFINING COMPANY P.O. BOX 12999 SCOTTSDALE, AZ 85267</b>			

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IV. Produced Water

POD <b>2014950</b>	POD ULSTR Location and Description <b>OIL CON. DIV. DIST. 3</b>
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V. Well Completion Data

Spud Date	Ready Date	TD	PSTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Thg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

I hereby certify that the rules 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:

Printed name: **CONNIE LAMBERT**

Title: **SR. OFFICE ASSISTANT**

Date: **November 16, 1994**

Phone: **(505)584-7084**

OIL CONSERVATION DIVISION

Approved by:

Title: **SUPERVISOR DISTRICT #3**

Approval Date:

**APR 13 1995**

If this is a change of operator fill in the OGRID number and name of the previous operator  
**NORTHWEST PIPELINE CORPORATION #016189**

Previous Operator Signature

Printed Name

Title

Date