District I

State of New Mexico Energy, Minerals & Natural Resources Department

Form C-104 Revised February 21, 1994

PO Box 1980, Hobbs, NM 88241-1980

District II

OIL CONSERVATION DIVISION PO Box 2088

Instructions on back Submit to Appropriate District Office 5 Copies

District III

PO Drawer DD, Artesia, NM 88211-0719

000 Rio Brazos District IV O Box 2088, Sai	nta Pc, N	IM 87504-20	38		a Fe, NM			T() TI	DANIC DANIT	X	AMENDED REPO	
. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO T Operator name and Address NORTHWEST PIPELINE CORP.									RANSPORT 2 OGRID Number 016189			
P.O. BOX 58900 MS 2M3							3 R			cason for Filing Code		
			T LAKE	CITY, UTA						- (XG	
	Number 1521490		⁵ Pool Name BLANCO PICTURED CLIFTS						⁶ Pool Code 72359			
	rty Code		8 Property Name							9 Well Number		
	08466				COX C	ANYON	UNII				#14	
Ul or lot no. S	Surface Location		Range 11W	Lot.ldn	Feet from	n the	North/South SOUTH		Feet from the 1740'	Fast/W WEST	cest County SAN JUAN	
II Bot	ttom H	ole Locati	on .	<u></u>	<u> </u>		l				1	
UL or lot S			Range	Lot Idn Feet		m the	North/South line		Feet from the	East/W line	'est County	
2 Lse Code		ucing Metho Code	nd 14 (Gas Connection Date	15 C-	-129 Pern	nit Number	16	C-129 Effective	Date	¹⁷ C-129 Expiration Da	
l. Oil and (·	20 n		21	1 22			
Transporter OGRID		17	¹⁹ Transporter Name and Address			20 POD 21 O/G			POD ULSTR Location and Description			
1			TELD SERVICES			2014030 G			K 21 32 11W			
PC		ATTN: GLENNA BITTON PO BOX 58900 MS 1A2 SALT LAKE CTI'Y UTAH 84158-0900										
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7. Produced 23 PC るイグ	OĐ				24	POD UI	SIR Loca	tion and	Description			
. Well Com										<u></u>		
25 Spud Date			²⁶ Ready		²⁷ TD		28 PBID		²⁹ Perforations			
30 Hole Size		<u>c</u>	31 Casing & Tubing Size			32 Depth			Sacks Cement		33 Sacks Cement	
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		• • • • • • •										
Well Test Data 34 Date New Oil 35 Ga		³⁵ Gas I	s Delivery Date 36 Te		est Date		37 Test Length		³⁸ Tbg. Pressure		39 Csg. Pressure	
40 Choke Size		4	¹ Oil	42	⁴² Water		43 Gas		⁴⁴ AOF		45 Test Method	
6 I hereby cer been complied complete to the signature: L	with and	that the infe	ormation giv ge and belief	en above is tru f.		Аррго	wed by: o		CONSERVATI			
rinted name:	<i>Д.(.1</i> \ KATH	IY JARNE	JUCV Y	nly	 _	Title:		_=				
Fitle:		FICE ASS	SISTANT J			Approval Date: App 1991						
Date:		8. 1994	Phone:			1	····	Al'	Ti 1 1 1 2	74		
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P	Previous (Operator Sig	nature			Print	ted Name			15	tle Date	