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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

| | |
|---|---|
| Operator Northwest Pipeline Corporation | |
| Address P.O. Box 90 Farmington, New Mexico 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 _____

| | | | | | |
|-------------------------------|----|----------------|--|--|---------------------------------|
| Lease Name Cox Canyon Unit | | Well No. 18 | Pool Name, including Formation Blanco Pictured Cliffs <i>Et</i> | Kind of Lease State, Federal or Fee Federal | Lease No. NM 03190 |
| Location | | | | | |
| Unit Letter | I | 1530 | Feet From The | South | Line and 820 Feet From The East |
| Line of Section | 17 | Township | 32N | Range | 11W, NMPL, San Juan County |

| | | | | | |
|--|------|--|------|------|---------------------------------|
| 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 Corporation | | P.O. Box 90 Farmington, New Mexico 87401 | | | |
| 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) | | | |
| Northwest Pipeline Corporation | | P.O. Box 90 Farmington, New Mexico 87401 | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Pge. | Is gas actually connected? When |

If this production is commingled with that from any other lease or pool, give commingling order number: _____

| | | | | | | | | | |
|--|--|-------------------------|-----------|----------|---------------------------|--------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| | | | XX | XX | | | | | |
| Date Spudded 11-15-74 | Date Compl. Ready to Prod. | Total Depth 3609 | | | P.B.T.D. 3572 | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6783' GR | Name of Producing Formation Pictured Cliffs | Top Oil/Gas Pay 3458 | | | Tubing Depth --- | | | | |
| Perforations | | | | | Depth Casing Shoe 3579 | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | | |
| 12-1/4 | 8-5/8 | | 140 | | 90 | | | | |
| 6-3/4 | 2-7/8 | | 3579 | | 245 | | | | |

| | | | |
|---|-----------------|---|------------|
| V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be sufficient to 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 |

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OIL CON. COM.
DIST. 2

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|---|--------------------------------|---------------------------------------|----------------------------|
| GAS WELL | | | |
| Actual Prod. Test-MCF/D CV-797 CAOF-803 | Length of Test 3 hours | Bbls. Condensate/MMCF - | Gravity of Condensate - |
| Testing Method (pilot, back pr.) 1 point potential | Tubing Pressure (Shut-in) - | Casing Pressure (Shut-in) 918 psia | Choke Size 3/4" |

| | | | |
|--|--|--|--|
| VI. CERTIFICATE OF COMPLIANCE | | OIL CONSERVATION COMMISSION JAN 20 1974 | |
| 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. | | APPROVED _____, 19____ | |
| | | BY Original Signed by Emery C. Arnold | |
| | | TITLE SUPERVISOR DIST. #3 | |
| O.B. Whitenburg Production & Drilling Engineer December 27, 1974 (Date) | | 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. Form C-104 must be filed for each pool in multiply | |