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	SANTA FE / FILE / L U.S.G.S. LAND OFFICE TRANSPORTER OIL / GAS / OPERATOR 7	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL		Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65 GAS		
1.	PRORATION OFFICE Operator Northwest Pine	line Comments		······		
	Northwest Pipeline Corporation					
	P.O. Box 90, Farmington, New Mexico 87401 Reason(s) for filing (Check proper box) Other (Please explain)					
	New We!I X Recompletion Change in Ownership	Change in Transporter of: Oil Dry G		expiainy		
	If change of ownership give name and address of previous owner					
11.	DESCRIPTION OF WELL AND	LEASE				
	Cox Canyon Uni	Well No. Pool Name, Including F		(ind of Leas		NM03190
	Location	^ -				
	Unit Letter U; 84	O Feet From The South Li	ne and 2110	Feet From	The <u>East</u>	
	Line of Section 17 To	wnship 32N Range 11	W , NMPM,	San	Juan	County
111.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate X Address (Give address to which approved copy of this form is to be sent)					
	Northwest Pipeline Corporation		3539 East 30th, Farmington, New Mexico 874()1 Address (Give address to which approved copy of this form is to be sent)			
	Name of Authorized Transporter of Casinghead Gas or Dry Gas X Northwest Pipeline Corporation		Address (Give address to which approved copy of this form is to be sent) 3539 East 30th, Farmington, New Mexico 87401			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge.	Is gas actually connected	? WH	en New Mexic	0 8/401
***		th that from any other lease or pool,	<u> </u>	umber:		
14.	Designate Type of Completion	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Res	siv. Diff. Resiv.
	Date Spudded Date Compl. Ready to Prod.		Total Depth P.B.T.D.		1	
	7-25-76 Elevations (DF, RKB, RT, GR, etc.)	8-12-76 Name of Producing Formation	6008 Top Oil/Gas Pay		5961¹	
	6785' GR	Mesa Verde	5244¹		5908 °	
	Perforations 5244' - 5916' w/24 shots				Depth Casing Shoe 6004	
			D CEMENTING RECORD			
	12-1/4"	CASING & TUBING SIZE 9-5/8"	DEPTH SET	· 	SACKS CEN	ENT
	8-3/4"	7"	228'		115	
	6-1/4"	4-1/2" Liner	3626' - 600	4 1	220	
		2-3/8"	5908			
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 8-12-76	Producing Method (Flow,)	oump, gas li .OW	(t, etc.) OFFEN IS	
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.		G-MCAUG 7	19/6
		<u> </u>	1			COM /
[GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	 	Gravity of Condensate	3
	3581 AOF 12,804	3 hrs.				
	Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 812 PSIG	Casing Pressure (shut-i	PSIG	Choke Size	
V1.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION GOMMISSION			
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED	Chiphy 1)	19
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BYSignor by the state of			
			TITLE STORESTED SON			
-	D.H. Maroncelli (Signature)		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			
	Production Engineer		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-			
	(Title) 8–16–76		able on new and recompleted wells.			

(Date)

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.