

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

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

OIL CON. DIV.  
DIST. 3

Operator Northwest Pipeline Corporation	
Address P.O. Box 90, Farmington, N.M. 87499	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Rosa Unit Com	Well No. 90	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease XXXX Federal XXXX	Lease No. SF 078772
Location				
Unit Letter G	1800	Feet From The North	Line and 1810	Feet From The East
Line of Section 33	Township 32N	Range 6W	County San Juan	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
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, N.M. 87499	
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 Restv.	Diff. Restv.
		X	X					
Date Spudded 9-30-82	Date Compl. Ready to Prod. 11-16-82		Total Depth 5850'		P.B.T.D. 5805'			
Elevations (DF, RKB, RT, CR, etc.) 6401' KB	Name of Producing Formation Mesa Verde		Top Oil/Gas Pay 5441'		Tubing Depth 5659'			
Perforations 5441' - 5778'					Depth Casing Shoe 5848'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13-1/2"	9-5/8"		362'		366 cu.ft			
8-3/4"	7"		3800'		329 cu.ft & 89 cu.ft			
6-1/4"	4-1/2"		3620' - 5848'		403 cu.ft			
	2-3/8"		5659'					

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 Test Date 12-2-82

Actual Prod. Test - MCF/D (AOF 5603 MCF/D) 546 MCF	Length of Test 3 hrs	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1146 psig	Casing Pressure (Shut-in) 1159 psig	Choke Size 2" X .750"

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  
(Signature)

Production Clerk

(Title)

December 14, 1982

(Date)

OIL CONSERVATION COMMISSION

2-14-83  
APPROVED

FEB 1 1983

Original Signed by FRANK T. CHAVEZ

BY

TITLE SUPERVISOR DISTRICT # 2

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