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State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O.Box 2088
Santa Fe, New Mexico 87504-2088

Ogriid 16189
prep 8428
ref 72319
In Lieu of Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator NORTHWEST PIPELINE CORP.		OGRID: 016189	Well API No. 30-045-29017
Address P.O. BOX 58900, MS 10317, SALT LAKE CITY, UTAH 84158-0900			
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 Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain) <u>add oil Trans</u>			

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name NEW MEXICO 32-11 COM	Well No. #2A	Pool Name, Including Formation BLANCO MESAVERDE	Kind of Lease - State, Federal, or Fee STATE	Lease No. NM-010910
Location Unit Letter <u>O</u> <u>882</u> Feet From The <u>SOUTH</u> Line and <u>1767</u> Feet From The <u>EAST</u> Line Section <u>19</u> Township <u>32N</u> Range <u>11W</u> NMPM <u>SAN JUAN</u> 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"/> GARY WILLIAMS ENERGY CORP.	Address (Give address to which approved copy of this form is to be sent) 370 17TH ST. SUITE 5300, DENVER, CO 80202				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> WILLIAMS FIELD SERVICES	Address (Give address to which approved copy of this form is to be sent) ATTN: GLENNA BITTON, PO BOX 58900, SLC, UTAH 84158-0900				
If well produced oil or liquids, give location of tanks.	Unit	Section	Township N	Range W	Is gas actually connected? When?

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 X	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 11/18/93	Date Completion Ready to Produce <u>11/24/93</u> <u>12-20-93</u>		Total Depth 5900'		P.B.T.D. 5856'			
Elevations (DF, RKB), RT, GR, etc. 6599' GR	Name of Producing Formation BLANCO MESAVERDE		Top/Oil/Gas Pay 4853'		Tubing Depth 5565'			
Perforations 4853' - 5775'					Depth Casing Shoe 5900'			

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8", 36#	322'	160 SX (189 FT ³)
8-3/4"	7", 20#	3385'	375 SX (787 FT ³) + 75 SX (89 FT ³)
6-1/4"	4-1/2", 10.5# LINER	3182' - 5900'	250 SX (420 FT ³)
	<u>2 3/8</u>	<u>5565</u>	

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 Tank	Date of <u>RECEIVED</u>	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Production During Test	Oil - Barrels <u>JAN 06 1994</u>	Water - Barrels	Gas - MCF

GAS WELL

Actual Production Test - MCF/D 2,994 MCF/D	Length of Test 3 hrs	Barrels Condensate/MMCF N/A	Gravity of Condensate N/A
Testing Method (pitot, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 570 psig	Casing Pressure (Shut-in) 572 psig	Choke Size 3/4"

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations 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.

Kathy Barney
Signature
KATHY BARNEY
Printed Name
OFFICE ASSISTANT
Title
January 4, 1994
Date
(801)584-6981
Telephone Number

JAN - 6 1994
Date Approved
By ORIGINAL SIGNED BY ERNIE BUSCH
Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes

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