

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Northwest Pipeline Corporation	
Address P.O. Box 90, Farmington, N.M. 87499	
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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Rucker Lake	Well No. 3	Pool Name, Including Formation Gavilan Gallup Extension	Kind of Lease State , Federal or Other	Lease N. SF 079333
Location Unit Letter <u>L</u> ; <u>1760</u> Feet From The <u>South</u> Line and <u>940</u> Feet From The <u>West</u> Line of Section <u>25</u> Township <u>25N</u> Range <u>2W</u> , NMPM, Rio Arriba Count.				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Petro Source Inc	Address (Give address to which approved copy of this form is to be sent) 1979 So 700 West, Salt Lake City, Utah 84104	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Corporation El Paso	Address (Give address to which approved copy of this form is to be sent) P.O. Box 90, Farmington, N.M. 87499	
If well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>25</u>
	Twp. <u>25N</u>	Rge. <u>2W</u>
	Is gas actually connected? <u>NO</u> When _____	

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res <input type="checkbox"/>
Date Spudded 6-15-83	Date Compl. Ready to Prod. <u>7/18/83</u>		Total Depth 7560'		P.B.T.D. 5500' <u>7540</u>			
Elevations (DF, RKB, RT, GR, etc.) 7408' KB	Name of Producing Formation Gavilan Gallup		Top Oil/Gas Pay 6808'		Tubing Depth <u>7211</u>			
Perforations 6808' to 7538'					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8"	384'	274 cu.ft C1 B
8-3/4"	5-1/2"	7560'	360 cu.ft C1 B & 1390
			cu.ft 65/35 poz
	2-3/8"	7211' KB	

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 7-18-83	Date of Test 7-26-83	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 23-1/2 hrs	Tubing Pressure 70#	Casing Pressure 425#	Choke Size -
Actual Prod. During Test	Oil - Bbls. 145	Water - Bbls. 67	Gas - MCF 303

GOR = 2089

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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 and belief.

Mike Turnbaugh
Mike Turnbaugh (Signature)
Sr Prod Engineer (Title)
July 28, 1983 (Date)

OIL CONSERVATION DIVISION

APPROVED JUL 28 1983, 19_____
BY Original Signed by FRANK T. CHAVEZ
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 deviat
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of owne
well name or number, or transporter, or other such change of conditio

Separate Forms C-104 must be filed for each pool in multip