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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes OHC-104 and C-114
Effective 1-1-65

Operator
Northwest Pipeline Corporation
Address
501 Airport Drive, Farmington, New Mexico 87401
Reason(s) for filing (check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☒
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☒
Other (Please explain)

If change of ownership give name and address of previous owner El Paso Natural Gas Company, PO Box 990, Farmington, New Mexico 87401

DESCRIPTION OF WELL AND LEASE
Lease Name Rosa Unit Well No. 13 Pool Name, Including Formation Blanco Mesa Verde Ext. Kind of Lease State, Fed., or Fee SF Lease No. 075764
Location Unit Letter M Q 1650 Feet From The North Line and 1350 Feet From The East
Line of Section 31 Township 31N Range 5W, NMPM, Rio Arriba County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒ Northwest Pipeline Corporation Address (Give address to which approved copy of this form is to be sent) 501 Airport Drive, Farmington, New Mexico 87401
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Northwest Pipeline Corporation Address (Give address to which approved copy of this form is to be sent) 501 Airport Drive, Farmington, New Mexico 87401
If well produces oil or liquids, give location of tanks. Unit M Sec. 31 Twp. 31N Rge. 5W Is gas actually connected? When

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

COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Some Restored Full Restored
Date Spudded Date Compl. Ready to Prod. Total Depth P.R.T.D.
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

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 (Load Pump, etc.)
Length of Test Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF

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

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.
(Signature)
(Title)
(Date)
OIL CONSERVATION COMMISSION
FEB 7 1974
APPROVED BY Original Signed by Emery C. Arnold
TITLE SUPERVISOR DIST. NO.
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 tribulation 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 well name or number, or transportation or other such change of conditions.
Separate Form C-104 must be filed for each pool in newly completed wells.