

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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LAND OFFICE	
TRANSPORTER	OIL / GAS /
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Operator Northwest Pipeline Corporation	
Address P.O. Box 90 Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" 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 Amoco Prod. Co.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Rosa Unit	Well No. 56	Pool Name, Including Formation Basin Dakota	Kind of Lease XXX Federal XXX	Lease No. SF 078773
Location				
Unit Letter <u>E</u> ; <u>2375</u> Feet From The <u>North</u> Line and <u>900'</u> Feet From The <u>West</u>				
Line of Section <u>35</u> Township <u>31N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</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"/> Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) 3539 East 30th Farmington, New Mex. 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) 3539 East 30th Farmington, New Mex. 87401	
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>35</u>
	Twp. <u>31N</u>	Rge. <u>5W</u>
	Is gas actually connected? yes	When 11-18-75

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 Res'v.	Diff. Res'v.
		X	X					
Date Spudded 8-13-75	Date Compl. Ready to Prod. 11-7-75		Total Depth 8449'		P.B.T.D. 8400'			
Elevations (DF, RKB, RT, GR, etc.) 6720' GL	Name of Producing Formation Dakota		Top Oil/Gas Pay 8202'		Tubing Depth 8327'			
Perforations 8202-8216, 8246-8266, 8296-8308 w/1 SPF					Depth Casing Shoe 8449'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/4"	13 3/8"		325'		300			
11"	8 5/8"		3865'		1050			
7 7/8"	5 1/2"		8449'		1225			
----	2 3/8"		8327'		----			

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 11-6-75	Producing Method (Flow, pump, gas lift, etc.) Flow	
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 675	Length of Test 24 hrs.	Bbls. Condensate/MMCF 4	Gravity of Condensate 50 API
Testing Method (pitot, back pr.) Flow to tem. gas sales connection	Tubing Pressure (Shut-in) BHP 3255	Casing Pressure (Shut-in)	Choke Size None

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.

D. H. Maroncelli
D.H. Maroncelli (Signature)
Production Engineer
(Title)
11-21-75
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 1 1975, 19_____
BY Original Signed by A. R. Kendrick
TITLE SUPERVISOR DIST. #3

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.

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