## DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE Form C-104 REQUEST FOR ALLOWABLE Supersedes Old 6-104 and C-110 Effective 1-1-65 FILE AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE TRANSPORTER 1107 -8 1210 GAS OPERATOR PRORATION OFFICE into Fo Northwest Pipeline Corporation P.O. Box 90, Farmington, New Mexico Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: Recompletion OIL add transporters Dry Gas Change in Ownership Casinghead Gas If change of ownership give name and address of previous owner \_\_\_\_ Amoco Production Company II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease No. <u>Rosa Unit</u> 66 XXXX Federal orXXX <u>Basin Dakota</u> 078779 Location Unit Letter \_\_\_\_L 1960 Feet From The South Line and 815 Feet From The Nest Line of Section 13 31N Range 6W , NMPM, <u>Rio Arriba</u> Address (Give address to which approved copy of this form is to be sent) Northwest Pipeline Corporation 3539 E 30th St., Farmington, New Mexico 87401 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas X Northwest Pipeline Corporation 3539 E 30th St., Farmington, New Mexico 87401 Unit P.ge. If well produces oil or liquids, Is gas actually connected? give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Gas Well New Well Plug Back Same Res'v. Diff. Res'y Designate Type of Completion - (X) Date Compl. Ready to Prod. Total Depth P.B.T.D. 6-4-78 8-18-78 8075**'** 8070' Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth 6346'GR <u>Basin Dakota</u> <u> 7913'</u> 8061 ' Perforations Depth Casing Shoe 7913' - 8058' 8075 ' TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 14-3/4" 10-3/4" 314 315 9-7/8" 7-5/8" 3540' 1090 6-3/4" 4-1/2" 8075 ' 990 2-3/8" tbg 8061 TEST DATA AND REQUEST FOR ALLOWABLE (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 Producing Method (Flow, pump, gas lift, etc.) <u>8-18-78</u> Flow Casing Pressu Length of Test Tubing Pressure Choke Size Actual Prod. During Test Oil - Bble. Ggs - MCF **GAS WELL** Actual Prod. Test-MCF/D CV 4427 AOF 5039 Length of Test Bbls. Condensate/MMCF Gravity of Condensate 3 hrs lesting Method (pitot, back pr.) (shut-in) ubing Pressure Casing Pressure (Shut-in) Choke Size Back Pressure 2968 ps ig 2958 psig 2.375" X 0.750" ERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION hereby certify that the rules and regulations of the Oil Conservation APPROVED ommission have been complied with and that the information given yove is true and complete to the best of my knowledge and belief.

Production Clerk

October 24, 1978

(Title.

(Date)

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.

If this is a request for silowable 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

empleted wells.