

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PROMOTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Form 06-01-83
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JAN 07 1986

OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
Northwest Pipeline Corporation

Address
P.O. Box 90 - Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner Amoco Production Co. - 501 Airport Dr. - Farmington, NM 87401

II. DESCRIPTION OF WELL AND LEASE

Lease Name Rosa Unit	Well No. 98	Pool Name, including Formation Undes. Gallup	Kind of Lease Federal <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/>	Lease No. SF078771
Location Unit Letter <u>L</u> : <u>1840</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>West</u> Line of Section <u>23</u> Township <u>31N</u> Range <u>6W</u> , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Northwest Pipeline Corporation	P.O. Box 90 - Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Carrie Harmon
Carrie Harmon
Production & Drilling Clerk

January 3, 1986

(Date)

OIL CONSERVATION DIVISION

APPROVED

JAN - 7 1986

BY

Original Signed by FRANK T. CHAVEZ

TITLE

SUPERVISOR DISTRICT 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 deviate 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 multiple completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res.'v.	Drill Res.
			X	X					
Date Spudded 9-13-83	Date Compl. Ready to Prod. 12-21-83		Total Depth 7958'		P.B.T.D. 7950'				
Elevations (DF, RKB, RT, CR, etc.) 6280' KB	Name of Producing Formation Undes. Gallup		Top Oil/Gas Pay 6310'		Tubing Depth				
Perforations 6310'-7592' (Gallup)					Depth Casing Shoe 7958'				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2"	13-3/8"		417'		480 cu.ft.				
11"	8-5/8"		3794'		1755 cu.ft.				
7-5/8"	4-1/2"		7958'		2681 cu.ft.				

V. 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	Date of Test	Producing Method (Flow, pump, gas lift, 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 AOF=1644 Q=1609	Length of Test 3 hrs.	Bbls. Condensate/MCF ----	Gravity of Condensate ----
Testing Method (plot, back pr.) Back pressure	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) 969	Choke Size 2" X .750"