

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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SEP 19 1985
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) <u>Change of Operator</u>
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner Amoco Production Co. - 501 Airport Dr. - Farmington, NM 87499

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Rosa Unit</u>	Well No. <u>115</u>	Pool Name, including Formation <u>Undesignated Gallup</u>	Kind of Lease <u>5XXX Federal 6XXX</u>	Lease No. <u>SF07876</u>
Location				
Unit Letter <u>H</u> : <u>1510</u> Feet From The <u>North</u> Line and <u>1050</u> Feet From The <u>East</u>				
Line of Section <u>22</u> Township <u>31N</u> Range <u>6W</u> , NMPM, <u>Rio Arriba</u> Count				

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)
<u>Northwest Pipeline Corporation</u>	<u>P.O. Box 90 - Farmington, NM 87499</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	<u>No</u>

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 B
(Signature)
Production & Drilling Clerk
(Title)
9-11-85
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN - 8 1986.
BY Original Signed by FRANK E. 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 deeper 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 all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multi-completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. R.
			X	X					
Date Spudded 7-7-84	Date Compl. Ready to Prod. 10-26-84	Total Depth 8109'		P.B.T.D. 8060'					
Elevations (DF, RKB, RT, GR, etc.) 6266' KB	Name of Producing Formation Undesignated Gallup	Top Oil/Gas Pay 6748'		Tubing Depth					
Perforations 6748'-7176'				Depth Casing Shoe Packer set at 7240'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
17-1/2"	13-3/8"	374'		413 cu.ft.					
7-7/8"	4-1/2"	8109'		3640 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=3523 Q=3060 MCF/D	Length of Test 3 hrs.	Bbls. Condensate/M/MCF ----	Gravity of Condensate ----
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 2510	Casing Pressure (Shut-in) 2510	Choke Size 2" X .750"

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SEP 19 1985

OIL CON. DIV.
DIST. 3

I. Operator
Northwest Pipeline Corporation
Address
P.O. Box 90 - Farmington, New Mexico 87499
Reason(s) for filing (Check proper box)
☒ New Well
☐ Recompletion
☐ Change in Ownership
Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate
Other (Please explain)
Change of Operator

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. 115	Pool Name, including Formation Basin Dakota	Kind of Lease XXXX Federal XXXX	Lease No. SF07876
Location Unit Letter <u>H</u> : <u>1510</u> Feet From The <u>North</u> Line and <u>1050</u> Feet From The <u>East</u> Line of Section <u>22</u> Township <u>31N</u> Range <u>6W</u> , NMPM. Rio Arriba Count.				

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.	Unit Sec. Twp. Rge. Is gas actually connected? When
	No

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 Harrison
(Signature)
Production & Drilling Clerk
(Title)
9-11-85
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN - 8 1986, 19
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 3

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

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Fill out only Sections I, II, III, and VI for changes of own 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.	Diff. Re
			X	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
7-7-84	10-26-84		8109'		8060'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
6266' KB	Basin Dakota		7766'		7912'				
Perforations						Depth Casing Shoe			
7766'-8000'						8109'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2"	13-3/8"		374'		413 cu.ft.				
7-7/8"	4-1/2"		8109'		3640 cu.ft.				
	2-3/8"		7912'						

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 of well 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
AOF=1775 Q=1770 MCF/D	3 hrs.	----	----
Testing Method (pistol, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	2835		2" X .750"