

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UMS AGREEMENT NAME 8480 Rosa Unit
2. NAME OF OPERATOR Northwest Pipeline Corp	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR 3539 E. 30th Farmington, NM 87401	9. WELL NO. 104
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1820' H720' FNL X 1210' H50' F.E.L.	10. FIELD AND POOL OR WILDCAT Gallup / Dakota
14. PERMIT NO.	11. SEC. T. R. OR BLK. AND SURVEY OR AREA Sec 14-31N-4W
15. ELEVATIONS (Show whether of, at, or to)	12. COUNTY OR PARISH 13. STATE Rio Arriba NM

RECEIVED
NOV 27 1990
OIL CON. DIV.

Check Appropriate Box To Indicate Nature of **DISC. 3** Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Flow Test Well <input checked="" type="checkbox"/>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Amoco Production Co. hereby requests approval to flow test and flare natural gas to determine economics for pipeline connection. The flow test will last 7 to 10 days. Amoco drilled the subject well and will turn operatorship over to Northwest Pipeline after testing.

THIS APPROVAL EXPIRES DEC 20 1990

18. I hereby certify that the foregoing is true and correct

SIGNED Shaw

TITLE Enviro. Coordinator DATE 11-1-90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE NOV 20 1990

APPROVED

Ken Tamm
AREA MANAGER

*See Instructions on Reverse Side

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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PRODUCTION OFFICE	

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

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
JUN 25 1986
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)

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

Other (Please explain)

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Rosa Unit	Well No. 104	Pool Name, including Formation Gallup Undes.	Kind of Lease State Federal XXXX SF	Lease No. 078892
Location Unit Letter <u>H</u> : <u>1820</u> Feet From The <u>North</u> Line and <u>1210</u> Feet From The <u>East</u> Line of Section <u>14</u> Township <u>31N</u> Range <u>4W</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 type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Northwest Pipeline Corp.	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

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)
Prod. & Drlg. Clerk
(Title)
June 24, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED Frank J. Davis JUN 25 1986
BY Frank J. Davis
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 X	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Date Spudded 10-30-84	Date Compl. Ready to Prod. 6-12-85	Total Depth 8750'			P.B.T.D. 8620'				
Elevations (DF, RKB, RT, CR, etc.) 6764' GR	Name of Producing Formation Gallup	Top Oil/Gas Pay 7480'			Tubing Depth 7815'				
Perforations 7480'-7804'						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2"	13-3/8"		414'		413 cu.ft.				
7-7/8"	4-1/2"		8750'		3446 cu.ft.				
	2-3/8"		7815'						

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 Q=1062 AOF=1093	Length of Test 24 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puol, back pr.) Back pressure	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) 1550	Choke Size 2" X .750"