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State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O.Box 2088
Santa Fe, New Mexico 87504-2088

In Lieu of Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator NORTHWEST PIPELINE CORP.		OGRID: 016189		Well API No. 3004522088	
Address P.O. BOX 58900, MS 10317, SALT LAKE CITY, UTAH 84158-0900					
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 checked="" type="checkbox"/>	
Change in Operator <input type="checkbox"/>		Casinghead Gas <input type="checkbox"/>		Condensate <input checked="" type="checkbox"/>	
				Other (Please explain) <input type="checkbox"/>	

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name COX CANYON UNIT		Well No. #3A	Pool Name, including Formation BLANCO MESAVERDE		Kind of Lease - State, Federal, or Fee FEDERAL	Lease No. 8920009460
Location						
Unit Letter	P	1110	Feet From The	SOUTH	Line and	1190
Section	9		Township	32N	Range	11W
			NMPM	SAN JUAN	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"/> GARY WILLIAMS ENERGY CORP.		Address (Give address to which approved copy of this form is to be sent, 370 17TH ST. SUITE 5300 DENVER, CO 80202				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> WILLIAMS FIELD SERVICES		Address (Give address to which approved copy of this form is to be sent, ATTN: GLENNA BITTON, PO BOX 58900, SLC, UTAH 84158-0900				
If well produced oil or liquids, give location of tanks.	Unit P	Section 9	Township 32N	Range 11W	Is gas actually connected?	When?

If this production is commingling 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
Date Spudded	Date Completion Ready to Produce			Total Depth			P.B.T.D.		
Elevations (DF, RKB), RT, GR, etc.	Name of Producing Formation			Top/Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Production During Test	Oil - Barrels	Water - Barrels	Gas - MCF

GAS WELL

Actual Production Test - MCF/D	Length of Test	Barrels Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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

Kathy Barney
Signature

KATHY BARNEY
Printed Name

OFFICE ASSISTANT
Title

December 22, 1993
Date

(801)584-6981
Telephone Number

Date Approved DEC 27 1993

By [Signature]

Title SUPERVISOR DISTRICT 13

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.