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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. 3004522094	
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)					

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name COX CANYON UNIT		Well No. #5A		Pool Name, including Formation BLANCO MESAVERDE		Kind of Lease - State, Federal, or Fee FEDERAL		Lease No. 8920009460	
Location									
Unit Letter D		1021		Feet From The NORTH		Line and 825		Feet From The WEST	
Section 21				Township 32N		Range 11W		County SAN JUAN	

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 D	Section 21	Township 32N	Range 11W	Is gas actually connected?		When?	

If this production is commingled 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.)

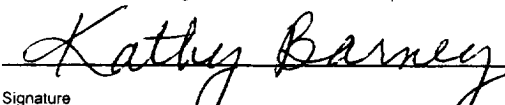
Date First New Oil Run To Tank		Date of Test		Producing Method (Flow, pump, gas lift, etc.)	
Length of Test		Tubing Pressure		Casing Pressure	
Actual Production During Test		Oil - Barrels		Water - Barrels	
				Choke Size	
				Gas - MCF	

GAS WELL

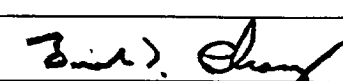
Actual Production Test - MCF/D		Length of Test		Barrels Condensate/MMCF		Gravity of Condensate	
Testing Method (pitot, back pr.)		Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size	

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.


Signature
KATHY BARNEY
Printed Name
OFFICE ASSISTANT
Title

December 22, 1993
Date
(801)584-6981
Telephone Number

DEC 27 1993
Date Approved
By 
Title
SUPERVISOR DISTRICT 13

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
2) All sections of this form must be filled out for allowable on new and recompleted wells.
3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.