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Appropriate District Office
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1000 Rio Brazos Rd., Aztec, NM 87401

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. 3004522572
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"/>
Change in Operator	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry gas	<input checked="" 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. #25	Pool Name, Including Formation BLANCO PICTURED CLIFFS	Kind of Lease - State, Federal, or Fee FEDERAL	Lease No. 892000946A
Location				
Unit Letter O	Section 9	Feet From The SOUTH	Line and 1450	Feet From The EAST
		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"/>		Address (Give address to which approved copy of this form is to be sent)	
GARY WILLIAMS ENERGY CORP.		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"/>		Address (Give address to which approved copy of this form is to be sent)	
WILLIAMS FIELD SERVICES		ATTN: GLENNA BITTON, PO BOX 58900, SLC, UTAH 84158-0900	
If well produced oil or liquids, give location of tanks.	Unit O	Section 9	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.)

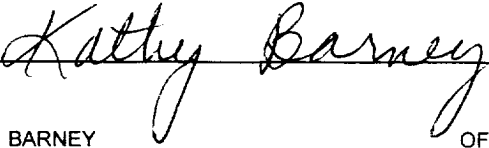
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Production During Test	Oil - Barrels	Water - Barrels	Gas - MCF

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.

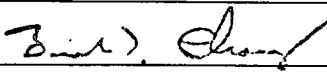

Signature

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 #3

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.