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| PRODUCTION OFFICE | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-55

| | |
|--|---|
| Operator Northwest Pipeline Corporation | |
| Address PO Box 90, Farmington, New Mexico 87401 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

If change of ownership give name and address of previous owner _____

| | | | | |
|---|-----------------------|--|------------------------------------|-----------------------|
| I. DESCRIPTION OF WELL AND LEASE | | | | |
| Lease Name Cox Canyon Unit <i>Comm</i> | Well No. Comm#19 | Pool Name, including Formation Blanco Pictured Cliffs | Kind of Lease XXX, Federal XXXX | Lease No. SF078231 |
| Location | | | | |
| Unit Letter C | Feet From The 1125 | North Line and 1450 | Feet From The West | |
| Line of Section 28 | Township 32N | Range 11W | NMPM, San Juan | County |

| | | | | |
|--|--|------|------|------|
| II. 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) | | | |
| Northwest Pipeline Corporation | 3539 E. 30th St., Farmington, New Mexico 87401 | | | |
| 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 Corporation | 3539 E. 30th St., Farmington, New Mexico 87401 | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Pge. |
| | | | | |

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 |
| | | X | X | |
| Date Spud | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | |
| 7-12-77 | 10-11-77 | 3204' | 3193' | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | |
| 6372' GR | Blanco Pictured Cliffs | 3070' | Tubingless | |
| Perforations | | | Depth Casing Shoe | |
| 3070'to 3120'; 10 holes | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | |
| 12 1/4" | 8 5/8" | 136' | 85 | |
| 6 3/4" | 2 7/8" | 3200' | 170 | |

| | | | |
|---|-----------------|---|------------|
| V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL | | | |
| (Test must be after recovery of total volume of lead 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.) | |
| | 10-11-77 | Flow | |
| 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 |
| CV=1126 AOF=1145 | 3 hrs | | |
| Testing Method (pitot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size |
| Back Pressure | Tubingless | 873 psig | 0.750" |

| | | | |
|--|--|--|--|
| VI. CERTIFICATE OF COMPLIANCE | | OIL CONSERVATION COMMISSION | |
| I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. | | APPROVED _____, 19____ | |
| BY <u>Original Signed by A. R. Kendrick</u> | | BY _____ | |
| TITLE <u>SUPERVISOR DIST. #3</u> | | TITLE _____ | |
| 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 deviation 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. | |
| October 31, 1977 | | This form must be filed for each pool in multiply | |

B. C. Roy
(Signature)
Production Clerk
(Title)
October 31, 1977
(Date)