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1000 Rio Brazos Rd , Aztec, NM 87401

DISTRICT III

State of New Mexico Energy, Minerals and Natural Resources Department

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

Water POD 2814928

P.O.Box 2088 Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

TO TRANSPORT OIL AND NATURAL GAS

OIL CONSERVATION DIVISION

Operator NORTHWEST PIPELINE CO	OGRID: 01	16189		Well APt No. 30-045-22584							
Address P.O. BOX 58900, MS 10317, SALT LAKE CITY, UTAH 84158-0900											
Reason(s) for Filing (Check proper box	x)	•		*::					·		
New Well Recompletion	Change in Transporter of: Oil □				Dry gas	Dry gas			Other (Please explain)		
Change in Operator			ghead Gas		Condensate	X			oxprainty		
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LEASE						-				
Lease Name COX CANYON	Well No. Pool Name, Including Formation #19 BLANCO PICTURED CLIFFS				Kind of Lease - State, Federal, FEDERAL			or Fee Lease No. NM-015P3588C495			
Location		1									
Unit Letter C , 1125 Feet From The NORTH Section 28 Township 32N Range 11W NMPM						Line and 1450 Feet From The WEST Line SAN JUAN County					
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil □ or Condensate						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 □ or Dry Gas ⊠ WILLIAMS FIELD SERVICES □ 20/4 230					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 C	Section 28	Township 32N	Range 11	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	2, 56.761	5. poor, g		,, _					-		
Designate Type of Completion - (X)	· · · · · · · · · · · · · · · · · · ·		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res v	
	Ta						2006011		ounie (tes	Diri Nes 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		DEPTH SET		L	CAOKO OFMENIA						
HOLE SIZE CASING & TUBING SIZE					+	DEPTH SET. SACKS CEMENT					
							FEB -	7 1994			
							و. بحر	V. 10/12	• \$25 章 · · · · · · · · · · · · · · · · · ·		
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL						, SIO, S					
	·	ual 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					The state of the s						
Actual Production Test - MCF/D Length of Test					Barrels Cond	ensate/MMCF		Gravity of Condensate			
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE						FEB 0 71994					
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.					Date Ap	Date Approved					
Kathy Barney					Ву	By Bin Chang					
Signature					Title	itle SUPERVISOR DISTRICT /3					
KATHY BARNEY OFFICE ASSISTANT Printed Name Title											
February 3, 1994 (801)584-6981											
Date			Telepho	one Number							

- 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.