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Appropriate District Office
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DISTRICT III
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. 3004523539
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"/> Other (Please explain)
Change in Operator	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate <input checked="" type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name MADDOX	Well No. #1A	Pool Name, Including Formation BLANCO PICTURED CLIFFS	Kind of Lease - State, Federal, or Fee FEDERAL	Lease No. 14080012955
Location				
Unit Letter Section	P, 820 10	Feet From The Township	SOUTH 32N	Line and Range
			11W	NMPM
			SAN JUAN	County
			1150	Feet From The Line
			EAST	

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 10	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 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

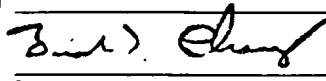
GAS WELL

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	OFFICE ASSISTANT
Printed Name	Title
December 22, 1993	(801)584-6981
Date	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.