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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROGRATION 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 1-1-65

Operator Northwest Pipeline Corporation	
Address 501 Airport Drive, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
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 Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>

If change of ownership give name and address of previous owner El Paso Natural Gas Company, PO Box 990, Farmington, New Mexico 87401

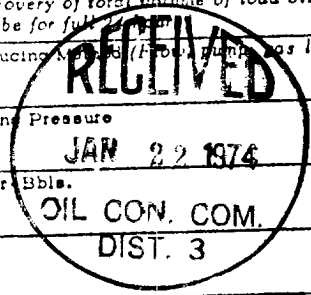
I. DESCRIPTION OF WELL AND LEASE	
Lease Name <u>Federal</u>	Well No. <u>27</u> Pool Name, including Formation <u>Gavalin Pictured Cliffs</u>
Kind of Lease State, Federal or Fee <u>FE</u> Lease No. <u>03995</u>	
Location Unit Letter <u>D</u> : <u>1015</u> Feet From The <u>North</u> Line and <u>910</u> Feet From The <u>West</u>	
Line of Section <u>6</u> Township <u>24N</u> Range <u>1 W</u> , NMPM, <u>Rio Arriba</u> 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"/> <u>Northwest Pipeline Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>501 Airport Drive, Farmington, New Mexico 87401</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 990, Farmington, New Mexico 87401</u>
If well produces oil or liquids, give location of tanks.	Unit <u>D</u> Sec. <u>6</u> Twp. <u>24N</u> Rge. <u>1W</u>
Is gas actually connected? <input type="checkbox"/> When	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

V. COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Hst'y. <input type="checkbox"/> Diff. Hst'y. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation
Perforations	Top Oil/Gas Pay
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
DEPTH SET	
SACKS CEMENT	

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL	
Date First New Oil Run To Tanks	Date of Test
Length of Test	Tubing Pressure
Actual Prod. During Test	Oil-Bbls.
Producing Methods (Free pump, gas lift, etc.)	
Casing Pressure	
Choke Size	
Water-Bbls.	
Gas-MCF	



GAS WELL	
Actual Prod. Test-MCF/D	Length of Test
Testing Method (piston, back pr.)	Tubing Pressure (Shut-in)
Bbls. Condensate/MMCF	
Gravity of Condensate	
Casing Pressure (Shut-in)	
Choke Size	

VI. CERTIFICATE OF COMPLIANCE	
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.	
ORIGINAL SIGNED BY R. L. MAHAFFEY	
OFFICE SUPERVISOR	
(Title)	
(Date)	

OIL CONSERVATION COMMISSION	
APPROVED <u>FEB 7 1974</u> , 19	
BY <u>Original Signed by A. R. Kandrick</u>	
TITLE <u>PETROLEUM ENGINEER DIST. NO. 2</u>	
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.	
Separate Forms C-104 must be filed for each pool in multiply completed wells.	