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	GAS	
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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 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, Box 990, Farmington, New Mexico 87401	

I. DESCRIPTION OF WELL AND LEASE				
Lease Name Federal	Well No. 12	Pool Name, including Formation Gavalin P C.	Kind of Lease State, Federal or Fee	Lease No. SF 081296
Location				
Unit Letter D	1040	Feet From The North	Line and 885	Feet From The West
Line of Section 25	Township 25N	Range 2W	NMPM, Rio Arriba 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 501 Airport Drive, 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) El Paso Natural Gas Company Box 990, Farmington, New Mexico 87401			
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 25	Twp. 25N	Pge. 2W
Is gas actually connected?		When		

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

III. 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 Compl. Ready to Prod.		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			

IV. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL				(Test must be after recovery of total volume of gas 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, Pressure, etc.)		Choke Size	
Length of Test	Tubing Pressure	Casing Pressure		Gas-MCF	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.		DIST. 3	

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

I. 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____	
(Signature)		BY Original Signed by A. R. Kendrick	
(Title)		TITLE PETROLEUM ENGINEER DIST. NO. 3	
(Date)		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.	
		Complete Form C-104 must be filed for each pool to multiply	