

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	
DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR PRODUCTION OFFICE			
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"/>	
Change in Ownership <input checked="" type="checkbox"/>		Casinghead Gas <input type="checkbox"/>	
		Dry Gas <input checked="" 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			
DESCRIPTION OF WELL AND LEASE			
Lease Name Federal		Well No. 23	
Pool Name, including Formation Gavalin Pictured Cliffs		Kind of Lease State, Federal or Fee NM	
Lease No. 03808			
Location Unit Letter F, 1715 Feet From The North Line and 1665 Feet From The West			
Line of Section 19 Township 25N Range 1W, NMPM, Rio Arriba County			
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.		Is gas actually connected? When	
Unit F, Sec. 19, Twp. 25N, Rge. 1W			
If this production is commingled with that from any other lease or pool, give commingling order number:			
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	
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of well 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.)		JAN 22 1974	
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	
Testing Method (pitot, back pr.)		Tubing Pressure (shut-in)	
Casing Pressure (shut-in)		Choke Size	
OIL CON. COM. DIST. 3			
OIL CONSERVATION COMMISSION FEB 7 1974			
APPROVED _____, 19____			
BY Original Signed by A. R. Kendrick			
TITLE PETROLEUM ENGINEER DIST. NO. 3			
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.			
ORIGINAL SIGNED BY R. L. MAHAFFEY			
(Signature)			
OFFICE SUPERVISOR			
(Title)			
(Date)			