Submit 5 copies Appropriate District Office DISTRICT 1 P O.Box 1980, Hobbs, NM 88240 DISTRICT II
P O Drawer DD Artesia NM 88210
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

NORTHWEST PIPELINE CORP.						016189		Well API No. 3003922943			
Address P.O. BOX 58900, MS 10317	, SALT LA	KE CITY, UTAI	H 84158-09	900				<u> </u>			
Reason(s) for Filing (Check proper bo New Well	x)	Chan	:- T								
Recompletion	Change in Transporter of: Oil				Dry gas	Dry gas			Other (Please explain)		
Change in Operator	 -	Casin	ghead Gas		Condensate	X					
and address of previous operator						_	_				
II. DESCRIPTION OF WELL	AND LEAS	E					_				
Lease Name	Weil No.	1	Including Form			Kind of Lease	- State, Federal,	or Fee	Lease No		
JICARILLA 93	#12	BLANCO	MESAVER	DE		F	EDERAL		JIC93		
Location 18					1060	<u> </u>			<u> </u>		
Unit Letter <u>F</u> , —1074	0	Feet From The	SOUTH	Line and _	1030	Feet From The	WEST	Line			
Section 34		Township 27N	Range	3 W	NMPM F	RIO ARRIBA	County				
III. DESIGNATION OF TRANSPORTEF: OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil ☐ or Condensate X 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 Authonzed Transporter of Casinghead Gas ☐ or Dry Gas X 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.	and the state of t					lly connected?		When?			
			27 N	3 W	<u> </u>			L			
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 Comple	etion Ready to Prod	duce	_l	Total Depth	<u></u>		P.B.T D.			
Elevations (DF, RKB), RT, GR, etc.	DF, RKB), RT, GR, etc. Name of Producing Formation					Top/Oil/Gas Pay			Tubing Depth		
Perforations					De			Depth Casing	Pepth Casing Shoe		
		Т	UBING, CA	ASING AND	CEMENTING	RECORD					
HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
								Shorto Cement			
							<u>-</u>				
					<u> </u>						
											
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL											
(Test must be after recovery of total volume of load oil and must be eq. Date First New Oil Run To Tank Date of Test						qual to or exceed top allowable for this depth or be for tuli 24 hours.) Producing Method (Flow, pump, gas lift, etc.)					
Date of rest						ethod (Flow, pump	o, gas lift, etc.)				
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Production During Test	Oil - Barrels				Water - Barrels			Gas - MCF			
GAS WELL				·- <u>-</u>		,			mai cama n		
tual 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			
					<u>r </u>						
VI. OPERATOR CERTIFICAT	E OF COM	PLIANCE					חבח	9 7 4000	•		
I hereby certify that the rules and regulations of the Cill Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge.					Date ApprovedDEC 2 7 1993						
Latter Barney					By Buy						
Signatube					Title SUPERVISOR DISTRICT #3						
KATHY BARNEY OFFICE ASSISTANT Printed Name Title					1					_	
December 22, 1993 (801)584-6981 Date Telephone Number											
			•		ll						

- 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.