

Submit 5 copies
Appropriate District Office
DISTRICT I
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

Operator NORTHWEST PIPELINE CORP.		OGRID: 016189		Well API No 3003922943	
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"/>	
Change in Operator <input type="checkbox"/>		Casinghead Gas <input type="checkbox"/>		Condensate <input checked="" type="checkbox"/>	
				Other (Please explain) <input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name JICARILLA 93		Well No. #12		Pool Name, Including Formation GAVILAN P. C. / BLANCO MV		Kind of Lease - State, Federal, or Fee FEDERAL		Lease No JIC93	
Location									
Unit Letter Fx		1660		Feet From The WEST		Line and 1850		Feet From The NORTH	
Section 34				Township 27N		Range 3W		County RIO ARRIBA	

III. 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)			
GARY WILLIAMS ENERGY CORP.				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"/>		Address (Give address to which approved copy of this form is to be sent)			
WILLIAMS FIELD SERVICES				ATTN: GLENNA BITTON, PO BOX 58900, SLC, UTAH 84158-0900			
If well produced oil or liquids, give location of tanks.		Unit K	Section 34	Township 27N	Range 3W	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 for full 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

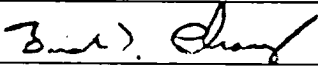
Actual Production Test - MCF/D	Length of Test	Barrels Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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
Printed Name
OFFICE ASSISTANT
Title

December 22, 1993
Date
(801)584-6981
Telephone Number

DEC 27 1993
Date Approved
By 
Title
SUPERVISOR DISTRICT #3

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.