DISTRIBUTION NEW MEXICO OIL CONSCRVATION COMMISSION Porm C-104 SAHIATE Supersedes Old C-10s and C-110 REQUEST FOR ALLOWABLE Effective 1-1-65 GRA F 11. 6: AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS U.S.G.S. LAND OFFICE OIL TRANSPORTER OPERATOR PRORATION OFFICE Operator Northwest Pipeline Corporation 501 Airport Drive, Farmington, New Mexico 87401 Reason(s) for filing (Check proper box) Other (Please caplain) Change in Transporter of: New Well Dry Gos OIL Recompletion Caninghead Gas Condensate Change In Ownership If change of ownership give name El Paso Natural Gas Company, PO Box 990, Farmington, New Mexico 87:101 and address of previous owner_ 1. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Legge No. Kind of Lease Lease Name sr 078771 State, FedKral or Fee Blanco Mesa Verde g Rosa Unit Locetion West 1650 1800 South Feet From The Feet From The Line and Unit Letter_ 6W Rio Arriba , NMPM, County 31N11 Township Range Line of Section II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Noire of Authorized Transporter of Cil or Condensate 💢 501 Airport Drive, Farmington, New Mexico 87401 Northwest Pipeline Corporation Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas 🔲 - or Dry Gas 🛣 501 Airport Drive, Farmington, New Mexico 87401 Northwest Pipeline Corporation Is gas actually connected? P.ge. Twp. Unit If well produces oil or liquids, give location of tanks. ·611 11. :31N If this production is commingled with that from any other lease or pool, give commingling order numbers Same Resty, Diff. Resty. COMPLETION DATA Workover Deepen Plug Back Gas Well New Well Oil Well Designate Type of Completion - (X) P.B.T.D. Total Depth Date Compl. Ready to Prod. Date Spudded Tubling Depth Top Oll/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE (Test must be after recovery of total volume of load oil and must be equal to or exceed top alicu-able for this depth or be for full 24 hours. V. TEST DATA AND REQUEST FOR ALLOWABLE Producing Moved Front OIL WELL Date of Test Date First New Cil Run To Tanks Cheke Size Tubing Pressure Length of Test Gas - MCF Oll-Bbls. Actual Pred, During Test DIST. 3 GAS WELL Bble. Condensate/MMCF Gravity of Condensate Length of Test Actual Prod. Test-MCF/D Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.)

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.

(Signature)

(Title)

(Dote)

OIL CONSERVATION COMMISSION

APPROVED FEB 7 1974 . 19 _____

BY Original Signed by Emery C. Arnold

TITLE SUPERVISOR DIST, #3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despected well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULK 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

FIII out only Sections I, II, 111, and VI for changes of owner, well name or number, or transporter, or other such change of condition

Generale Forms C-104 must be filled for each pool in multiply