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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 P.O. Box 90, Farmington, New Mexico 87401		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" 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 type="checkbox"/>	

If change of ownership give name and address of previous owner Amoco Production Company

II. DESCRIPTION OF WELL AND LEASE

Lease Name Rosa Unit	Well No. 66	Pool Name, including Formation Basin Dakota	Kind of Lease XXX Federal or XXX	Lease No. \$F 078779
Location Unit Letter: L ; 1960 Feet From The South Line and 815 Feet From The West Line of Section 13 Township 31N Range 6W , NMPM, Rio Arriba County				

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) Northwest Pipeline Corporation 3539 E 30th St., 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) Northwest Pipeline Corporation 3539 E 30th St., Farmington, New Mexico 87401					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	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.
		X	X					
Date Spudded 6-4-78	Date Compl. Ready to Prod. 8-18-78	Total Depth 8075'	P.B.T.D. 8070'					
Elevations (DF, RKB, RT, GR, etc.) 6346' GR	Name of Producing Formation Basin Dakota	Top Oil/Gas Pay 7913'	Tubing Depth 8061'					
Perforations 7913' - 8058'	Depth Casing Shoe 8075'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
14-3/4"	10-3/4"	314'	315					
9-7/8"	7-5/8"	3540'	1090					
6-3/4"	4-1/2"	8075'	990					
-	2-3/8" thg	8061'	-					

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 Tanks	Date of Test 8-18-78	Producing Method (Flow, pump, gas lift, etc.) Flow	
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 CV 4427 AOF 5039	Length of Test 3 hrs	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 2968 psig	Casing Pressure (shut-in) 2958 psig	Choke Size 2.375" X 0.750"

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.

Barbara C. Rex

(Signature)
Production Clerk

(Title)
October 24, 1978

(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 6 1978, 19

BY Original Signed by A. R. Kendrick

TITLE SUPERVISOR LEE. #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.