

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

JAN 7 1986
OIL CON. DIV.
DIST. 3

I.

Operator Northwest Pipeline Corporation		
Address P.O. Box 90 - Farmington, New Mexico 87499		
Reason(s) for filing (Check proper box)		Other (Please explain)
<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner: Amoco Production Co. - 501 Airport Dr. - Farmington, NM 87401

II. DESCRIPTION OF WELL AND LEASE

Lease Name Rosa Unit	Well No. 100	Pool Name, Including Formation Undes. Gallup	Kind of Lease State Federal State	Lease No. SF078766
Location Unit Letter <u>N</u> : <u>890</u> Feet From The <u>South</u> Line and <u>1850</u> Feet From The <u>West</u> Line of Section <u>21</u> Township <u>31N</u> Range <u>6W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Northwest Pipeline Corporation	P.O. Box 90 - Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Carrie Harmon
Carrie Harmon
Production & Drilling Clerk

January 3, 1986

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED JAN - 7 1986

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 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 deviated 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 multiple completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New well	Workover	Deepen	Plug Back	Same Res'v.	Dill. Res.
			X	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
5-31-84	8-28-84		8127'		8070'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
6400' KB	Undes. Gallup		7092'						
Perforations						Depth Casing Shoe			
7092'-7300' (Gallup)						8127'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/4"		13-3/8"		391'		510 cu.ft.			
7-7/8"		4-1/2"		8127'		2655 cu.ft.			

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	Producing Method (Flow, pump, gas lift, etc.)	
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
AOF=2344 Q=2328	3 hrs.	----	----
Testing Method (plug, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back pressure		2560	2" X .750"

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AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Northwest Pipeline Corporation

Address
P.O. Box 90 - Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner: Amoco Production Co. - 501 Airport Dr. - Farmington, NM 87401

II. DESCRIPTION OF WELL AND LEASE

Lease Name Rosa Unit	Well No. 100	Pool Name, including Formation Basin Dakota	Kind of Lease State Federal State	Lease No. SF078766
Location Unit Letter <u>N</u> : <u>890</u> Feet From The <u>South</u> Line and <u>1850</u> Feet From The <u>West</u> Line of Section <u>21</u> Township <u>31N</u> Range <u>6W</u> , 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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Northwest Pipeline Corporation	P.O. Box 90 - Farmington, NM 87499
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:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Carrie Harmon
Carrie Harmon (Signature)
Production & Drilling Clerk
(Title)
January 3, 1986
(Date)

OIL CONSERVATION DIVISION
JAN 7 1986

APPROVED _____, 19
BY Original Signed by FRANK J. CHAVEZ
TITLE SUPERVISOR DISTRICT 3

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IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas well X	New well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
Date Spudded 5-31-84	Date Compl. Ready to Prod. 8-28-84		Total Depth 8127'		P.B.T.D. 8070'				
Elevations (DF, RKB, RT, GR, etc.) 6400' KB	Name of Producing Formation Basin Dakota		Top Oil/Gas Pay 7877'		Tubing Depth 7975'				
Perforations 7877'-7980' DK						Depth Casing Shoe 8127'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/4"	13-3/8"		391'		510 cu.ft.				
7-7/8"	4-1/2"		8127'		2655 cu.ft.				
	2-3/8"		7975'						

V. TEST DATA AND REQUEST FOR ALLOWABLE (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	Producing Method (Flow, pump, gas lift, etc.)	
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 AOF=2650 Q=2593	Length of Test 3 hrs.	Bbls. Condensate/MMCF ----	Gravity of Condensate ----
Testing Method (psat, back pr.) Back pressure	Tubing Pressure (Shut-in) 2738	Casing Pressure (Shut-in)	Choke Size 2"X.750"