

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 SEP 19 1985

RECEIVED

I.

Operator Northwest Pipeline Corporation		OIL CON. DIV. DIST. 3
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:	Change of Operator
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry 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. 116	Pool Name, including Formation Undesignated Gallup	Kind of Lease State , Federal XXXX	Lease No. SF07876
Location				
Unit Letter A	: 1050	Feet From The North	Line and 790	Feet From The East
Line of Section 24	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 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
	No

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.

Carmie Harmon JB
(Signature)
Production & Drilling Clerk
(Title)
9-11-85
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN - 8 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 deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multi-completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
			X	X					
Date Spudded 7-24-84	Date Compl. Ready to Prod. 9-19-84	Total Depth 8080'				P.B.T.D. 8035'			
Elevations (DF, RKB, RT, GR, etc.) 6293' KB	Name of Producing Formation Undesignated Gallup	Top Oil/Gas Pay 6766'				Tubing Depth			
Perforations 6766'-7266'						Depth Casing Shoe Packer set at 7297'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET				SACKS CEMENT			
15"	11-3/4"	402'				413 cu.ft.			
7-7/8"	4-1/2"	8080'				2535 cu.ft.			

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=3030 Q=2789 MCF/D	Length of Test 3 hrs.	Bbls. Condensate/MMCF ----	Gravity of Condensate ----
Testing Method (psal, back pr.) Back Pressure	Tubing Pressure (shut-in) 2560	Casing Pressure (shut-in) 2560	Choke Size 2" X .750"

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RECEIVED
SEP 9 1985
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)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) Change of Operator
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<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry 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. 116	Pool Name, including Formation Baskin Dakota	Kind of Lease State Federal xxxx	Lease No. SF07876
Location Unit Letter <u>A</u> : <u>1050</u> Feet From The <u>North</u> Line and <u>790</u> Feet From The <u>East</u> Line of Section <u>24</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.	Is gas actually connected? When
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NOTE: Complete Parts IV and V on reverse side if necessary.

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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.

Carrin Hammer B
(Signature)
Production & Drilling Clerk
(Title)
9-11-85
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN - 8 1986
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 8

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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. Re
Date Spudded 7-24-84	Date Compl. Ready to Prod. 9-19-84	Total Depth 8080'			P.B.T.D. 8035'				
Elevations (DF, RKB, RT, GR, etc.) 6293' KB	Name of Producing Formation Basin Dakota	Top Oil/Gas Pay 7832'			Tubing Depth 7990'				
Perforations 7832'-7988'						Depth Casing Shoe 8080'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
15"	11-3/4"		402'		413 cu.ft.				
7-7/8"	4-1/2"		8080'		2535 cu.ft.				
	2-3/8"		7990'						

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 = 1599 Q=1593 MCF/D	Length of Test 3 hrs.	Bbls. Condensate/MMCF ----	Gravity of Condensate ----
Testing Method (plug, back pr.) Back Pressure	Tubing Pressure (Shut-in) 2245	Casing Pressure (Shut-in)	Choke Size 2" X .750"