

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

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MAY 14 1986

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
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 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 - 501 Airport Dr. - Farmington, NM 87401

II. DESCRIPTION OF WELL AND LEASE

Lease Name Rosa Unit	Well No. 112Y	Pool Name, including Formation Undes. Gallup	Kind of Lease <del>XXX</del> Federal <del>XXX</del> RXX	Lease No. SF-078770
Location Unit Letter <u>M</u> : <u>850</u> Feet From The <u>South</u> Line and <u>850</u> Feet From The <u>West</u> Line of Section <u>27</u> Township <u>31N</u> Range <u>5W</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 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	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 B  
(Signature)  
Production & Drilling Clerk  
(Title)  
May 5, 1986  
(Date)

OIL CONSERVATION DIVISION

APPROVED Frank J. Quigley MAY 14 1986  
BY  
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 multiply 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						
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
5-9-85	7-14-85		8550'		8500'				
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
6793' KB	Undes. Gallup		7320'						
Perforations							Depth Casing Shoe		
7320'-7680' GL							7840'		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2"	13-3/8"		423'		472 cu.ft.				
7-7/8"	4-1/2"		8546'		3245 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 TEST DATE 5-1-86

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Q=1253 AOF=T255 1171	3 hrs.	---	---
Testing Method (puol, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	2254	2809	2" X .750"

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P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Form 100-01-83  
MAY 14 1986

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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 type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <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 - 501 Airport Dr. - Farmington, NM 87499

II. DESCRIPTION OF WELL AND LEASE

Lease Name Rosa Unit	Well No. 112Y	Pool Name, including Formation Basin Dakota	Kind of Lease XXXX Federal XXXX	Lease No. SF-07877
Location Unit Letter M : 850 Feet From The South Line and 850 Feet From The West Line of Section 27 Township 31N Range 5W, 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 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	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 numbers:

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*  
(Signature)  
Production & Drilling Clerk

May 5, 1986

(Date)

OIL CONSERVATION DIVISION

APPROVED

MAY 14 1986

BY

*Frank J. [Signature]*  
SUPERVISOR DISTRICT 3

TITLE

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 deviate tests taken on the well in accordance with RULE 111.

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Separate Forms C-104 must be filed for each pool in multiphase completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Drill Res'
			X						
Date Spudded 5-9-85	Date Compl. Ready to Prod. 7-14-85		Total Depth 8550'		P.B.T.D. 8500'				
Elevations (DF, RKB, RT, GR, etc.) 6793' KB	Name of Producing Formation Basin Dakota		Top Oil/Gas Pay 8290'		Tubing Depth 8334'				
Perforations 8290'-8420' DK					Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2"	13-3/8"		423'		472 cu.ft.				
7-7/8"	4-1/2"		8546'		3245 cu.ft.				
	2-3/8"		8334'						

#### 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 TEST DATE 4-23-86

Initial Actual Prod. Test-MCF/D 1746 Q=2684 AQF=2742 1771	Length of Test 3 hrs.	Bbls. Condensate/MCF ---	Gravity of Condensate ---
Testing Method (plot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 2875	Casing Pressure (Shut-in) 2258	Choke Size 2" X .750"