

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

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

I. Operator  
Northwest Pipeline Corporation

Address  
3539 East 30th - Farmington, NM 87401

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	Pool change from Undesignated Fruitland coal.
<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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Rosa	Well No. 206	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease <del>State</del> Federal <del>XXXX</del> SF-078767	Lease No.
Location				
Unit Letter <u>B</u> : <u>1190</u> Feet From The <u>North</u> Line and <u>1050</u> Feet From The <u>East</u>				
Line of Section <u>24</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)
N/A	
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 East 30th - Farmington, NM 87401
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 Shuman  
(Signature)  
Production Assistant  
(Title)  
5-15-89  
(Date)

OIL CONSERVATION DIVISION  
APPROVED 5/15/89, 19  
BY Original Signed by FRANK T. CHAVEZ  
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 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.

#### 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 9-24-88	Date Compl. Ready to Prod. 10-7-88	Total Depth 3112' KB		P.B.T.D. 3112' KB					
Elevations (DF, RKB, RT, CR, etc.) 6276' KB	Name of Producing Formation Fruitland	Top Oil/Gas Pay 2905'		Tubing Depth 3102' KB					
Perforations							Depth Casing Shoe		
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	9-5/8"		242'		185 SX				
8-3/4"	7"		2965'		135 SX				

#### 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 0	Length of Test 24 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate ---
Testing Method (pilot, back pr.) Flowing	Tubing Pressure (Shut-in) 0	Casing Pressure (Shut-in) 0	Choke Size 3/4"

Fruitland well was open & dead and will require a compressor or pumping unit to initiate production.