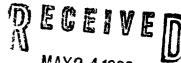
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

	-		
DISTRIBUTI	DISTRIBUTION		
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OF	HCK		

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 NAT



AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS MAY2 4 1989 Operator OIL CON. DIV. Northwest Pipeline Corporation 3539 East 30th - Farmington, NM 87401 Reason(s) for filing (Check proper box) Other (Please explain) X New Well Change in Transporter of: Pool change from Undesignated Fruitland Recompletion OH Dry Gas coal. Casinghead Gas Change in Ownership Condensate If change of ownership give name and address of previous owner. II. DESCRIPTION OF WELL AND LEASE Pool Name, including Formation Kind of Lease Leane Name Lease No. Rosa Basin Fruitland Coal SXXXX Federal XXXXXXX SF-07**8**764 Location South Line and 820 EM Rio Arriba

Time of Section 10	lownship	3111	Hande	JN	, MMPM,	KIO MITIDA	County
III. DESIGNATION OF	TRANSPORTE	R OF OIL	AND NATUR	AL GAS			
Name of Authorized Transpo			ensate		Give address to wi	sich approved copy of this form	n is to be sent)
N/A							
Name of Authorized Transpo	rter of Casinghead	Gas 🗌	of Dry Gas X	Address (Give address to wi	sich approved copy of this form	n is to be sent)
Northwest Pipe	line Corpor	ation		3539	East 30th	- Farmington, NM	87401
If well produces oil or liquid	Unit	Sec.	Twp. Rge.		tually connected?	When	
give location of tanks.		1	1				

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.

Cario Hamon	
(Signature) Production Assistant	
(Title) 5-15-89	

OIL CONSERVATION DIVISION

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.

Designate Type of Completic	on - (X)	OII Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Res'v
		<u> </u>	<u> </u>	X	<u> </u>	!	1	1)
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
9-16-88	10-24-88			3305'		3305'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Form	ation	Top Oil/Gas Pay		Tubing Depth			
6434' KB	Fruitland		3188'		3286'				
Perforations				-1			Depth Casir		··
3175'-3298'								•	
		TUBING,	SASING, ANI	CEMENTI	NG RECOR)	<u> </u>	··············	
HOLE SIZE	CASIN	G & TUBIA	IG SIZE	OEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8"		2381		185 sx				
8-3/4"		7"			3152'			00 sx	
				1	•		+	 .	
V. TEST DATA AND REQUEST OIL WELL	FOR ALLO	WABLE (7	est must be a ble for this de	fter recovery	of total volum full 24 hours	se of load oil	and must be e	qual to or exc	ed top allo
Date First New Oil Run To Tanks	Date of Tee			Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pres	sure		Casing Procesure Choke Size					

GAS WELL			
Actual Prod. Teel-MCF/D	Length of Teet 24 hrs	Bbis. Condensate/MMCF	Gravity of Condensate
Testing Method (pitos, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Flowing	0	0	3/4"

Water - Bbis.

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

OII - Bbls.

IV. COMPLETION DATA

Actual Prod. During Test