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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

API # 30-045-25140

Operator Northwest Pipeline Corporation	
Address P.O. Box 90, Farmington, N.M. 87401	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Rosa Unit	Well No. 88	Pool Name, Including Formation Blanco Mesa Verde	Kind of Lease XXX, Federal XXXX	Lease No. SF 078765
Location				
Unit Letter E	1610	Feet From The North	Line and 1100	Feet From The West
Line of Section 8	Township 31N	Range 6W	N.M.P.M. San Juan	County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <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, N.M. 87401
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, N.M. 87401
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:

V. 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 8-9-81	Date Compl. Ready to Prod. 11-16-81	Total Depth 5840'	P.B.T.D. 5720'					
Elevations (DF, RKB, RT, GR, etc.) 6335' GR	Name of Producing Formation Mesa Verde	Top Oil/Gas Pay 5321'	Tubing Depth 5619'					
Perforations 5321' - 5676'	Depth Casing Shoe 5840'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	9-5/8"	206'	115 SX					
8-3/4"	7"	3741'	210 SX					
6-1/4"	4-1/2"	3543' - 5840'	230 SX					
	2-3/8"	5619'						

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

Test Date 11-16-81

Actual Prod. Test-MCF/D CV 2922 AOF 3306 MCFD	Length of Test 3 hrs	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1169 psig	Casing Pressure (Shut-in) Packer	Choke Size 2" X.750"

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Denna J. Brace
(Signature)
Production Clerk
(Title)
February 4, 1982
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 5 1982, 19
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 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 Form C-104 must be filed for each well in multiply