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Appropriate District Office
DISTRICT I
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1000 Rio Brazos Rd., Aztec, NM 87401

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O.Box 2088
Santa Fe, New Mexico 87504-2088

In Lieu of Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator NORTHWEST PIPELINE CORP.		OGRID: 016189	Well API No. 3004522086
Address P.O. BOX 58900, MS 10317, SALT LAKE CITY, UTAH 84158-0900			
Reason(s) for Filing (Check proper box)			
New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Operator	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry gas	<input checked="" type="checkbox"/>
		Condensate	<input checked="" type="checkbox"/>
Other (Please explain)			

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name COX CANYON UNIT	Well No. #1A	Pool Name, including Formation BLANCO MESAVERDE	Kind of Lease - State, Federal, or Fee FEDERAL	Lease No. 8920009460
Location				
Unit Letter C	Section 16	Feet From The NORTH	Line and 1525	Feet From The WEST
		Township 32N	Range 11W	County SAN JUAN

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> GARY WILLIAMS ENERGY CORP.		Address (Give address to which approved copy of this form is to be sent) 370 17TH ST. SUITE 5300 DENVER, CO 80202		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> WILLIAMS FIELD SERVICES		Address (Give address to which approved copy of this form is to be sent) ATTN: GLENNA BITTON, PO BOX 58900, SLC, UTAH 84158-0900		
If well produced oil or liquids, give location of tanks.	Unit C	Section 16	Township 32N	Range 11W
		Is gas actually connected?		When?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Completion Ready to Produce		Total Depth			P.B.T.D.		
Elevations (DF, RKB), RT, GR, etc.	Name of Producing Formation		Top/Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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 on the for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Production During Test	Oil - Barrels	Water - Barrels	Gas - MCF

GAS WELL

Actual Production Test - MCF/D	Length of Test	Barrels Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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 above is true and complete to the best of my knowledge.

Kathy Barney
Signature
KATHY BARNEY
Printed Name
OFFICE ASSISTANT
Title
December 22, 1993
Date
(801)584-6981
Telephone Number

DEC 27 1993
Date Approved
By Brian D. Shum
Title
SUPERVISOR DISTRICT #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

District I
PO Box 1990, Hobbs, NM 88241-1990
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-104
Revised February 21, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

☒ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address WILLIAMS PRODUCTION COMPANY P.O. BOX 58900 SALT LAKE CITY, UTAH 84158-0900		OGRID Number 120782
		Reason for Filing Code CH EFFECTIVE DATE 10/95
API Number 3004522086	Pool Name BLANCO MESA VERDE	Pool Code 72319
Property Code 017036	Property Name COX CANYON UNIT	Well Number #001A

II. Surface Location

UL or lot no. C	Section 16	Township 32N	Range 11W	Lot Idn	Feet from the 890'	North/South Line NORTH	Feet from the 1525'	East/West line WEST	County SAN JUAN
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Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
5									
Loc Code	Producing Method Code	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
000471	GARY WILLIAMS ENERGY 310 17TH ST SUITE 5300 DENVER CO 80202		O	C 16 32N 11W
025244	WILLIAMS FIELD SERVICES ATTN: GLENNA BITTON PO BOX 58900 SALT LAKE CITY UTAH 84158-0900	2002330	G	
9018	GIANT REFINING COMPANY P.O. BOX 12999 SCOTTSDALE, AZ 267	2002310		

IV. Produced Water

POD	POD ULSTR Location and Description
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V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Cog. Pressure
Choke Size	Oil	Water	Gas	AOP	Test Method

I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Signature: <i>Connie Lambert</i>		OIL CONSERVATION DIVISION Approved by: <i>37.8</i> Title: SUPERVISOR DISTRICT #3 Approval Date: APR 13 1995	
Printed name: CONNIE LAMBERT			
Title: SR. OFFICE ASSISTANT			
Date: January 5, 1995	Phone: (801)584-7084		

If this is a change of operator fill in the OGRID number and name of the previous operator NORTHWEST PIPELINE CORPORATION #016189			
Previous Operator Signature	Printed Name	Title	Date