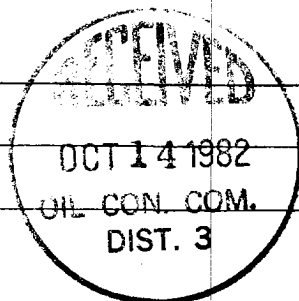


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TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

30-043-20613



Operator Northwest Exploration Company	
Address P.O. Box 90, Farmington, N.M. 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
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"/>

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Natani	Well No. 10	Pool Name, Including Formation Undesignated Ready Chacra	Kind of Lease State, XXXXXXXXXX	Lease No. NM 17007
Location Unit Letter C ; 800 Feet From The North Line and 1800 Feet From The West				
Line of Section 14 Township 21N Range 6W, NMPM, Sandoval Co., N.M. County				

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)
El Paso Natural Gas Company	P.O. Box 289, Farmington, N.M. 87499
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:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		X	X					
Date Spudded 6-22-82	Date Compl. Ready to Prod. 8-5-82	Total Depth 1788' KB	P.B.T.D. 1752' KB					
Elevations (DF, RKB, RT, GR, etc.) 6928' KB	Name of Producing Formation Chacra	Top Oil/Gas Pay 1477' KB	Tubing Depth 1521' KB					
Perforations 1477'-1571'	Depth Casing Shoe 1768' KB							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	97' KB	94 cu. ft C1 "B" 3% CaCl ₂
7-7/8"	4-1/2"	1768' KB	389 cu. ft C1 "B" 65/35 p/z
			198 cu. ft C1 "B" 6% gel
	2-3/8"	1521' KB	

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 9-30-82

Actual Prod. Test-MCF/D (AOF 194 MCF/D) 24 MCF	Length of Test 3 hrs	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 352 psig	Casing Pressure (Shut-in) 352 psig	Choke Size 2" X .750"

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.

Donna J. Brace
Donna J. Brace (Signature)
Production Clerk
(Title)
October 13, 1982
(Date)

OIL CONSERVATION COMMISSION

10-19-82 OCT 19 1982
APPROVED _____, 19____

BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # ?

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.

Form C-104 must be filled for each pool in multiply