	AUTHORIZATION TO TR	CONSERVATION COMM TON FOR ALLOWABLE AND ANSPORT OIL AND NATURAL	Num C-144 Supersedes Old C-104 and C-11 Ethecura 1-1-65 GAS
Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (l'Iease explain)	
Recompletion Change in Ownership	OII Dry Go Casinghead Gas Conde	nsale 1/2// Salar	in the section
If change of ownership give name and address of previous owner		() () () ()	OCT 0 9 1984
DESCRIPTION OF WELL AND I	EASE.	ormation Kind of Ce	
Minel Federal	l Blanco Mesave		Follow Fee Federal SF080566-
Unit Letter E ; 1605	Feet From The North Lin	ne and 995 Feet From	m The West
Line of Section 7 Tow	nship 25N Range 3V	V , NMPM, Rio	Arriba County
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil			roved copy of this form is to be sent)
Name of Authorized Transporter of Cast		i	roved copy of this form is to be sent)
Northwest Pipeline Corp	Unit Sec. Twp. Ege.	P. O. Box 1526, Salt	Lake City, Utah 84110
If this production is commingled with	that from any other lease or pool,	give commingling order number:	R-6779
COMPLETION DATA Designate Type of Completion	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D. X
11/5/80 Elevations (DF, KKB, RT, CR, etc.,	12/1/81 Name of Froducing Formation	83601	8317
7336' GL, 7351' KB	Mesaverde	Top O:1/Gas Pay 5961	7890'
Perforations 5961, 5966, 5985 6089, 6107 and 6	121		Depth Casing Shoe
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
7-7/8"	8-5/8" 5-1/2"	8360'	215 sacks 975 sacks
			JI) Sacks
TEST DATA AND REQUEST FO	RALLOWABLE (Test must be a)	fter recovery of total volume of load of	il and must be equal to or exceed top allow-
OIL WELL Date First New Cil Run To Tanks	Date of Test	pth or be for full 24 hours) Producing Method (Flow, pump, gas	lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Q(1-Bbls.	Water-Bble.	Gas-MCF
1			
GAS WELL			
Actual Prod. Tool-MOF/D 1,462	Length of Test 3 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
	Tubing Pressure (Shut-in) FTP 26 psi	Casing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLIANCE		FCP 200 psi OIL CONSERY	ATION COMMISSION
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.		APPROVED	
Omination to		This form is to be filed in compliance with RULE 1104.	
James G. Routson (Signature) Petroleum Engineer		If this is a request for silowable 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 MULE 111.	
(Tale)		All sections of this form must be filled out completely for allowable on new and recompleted wells.	
Resultantal 18.5-84		well name or number, or tienspo	II. III, and VI for changes of owner, rier, or other such change of condition, at he filed for each pool in multiply