. ar au.,.	· ,	1 4		
DISTRIBUTION		حربت ا		
ANTA FE		17	1	
FILE		1	4	
J.Ś.G.S.				
LAND OFFICE				
TRANSPORTER	OIL	1		
	GAS	1		
OPERATOR		1/		
PRORATION OFFICE				
Operator				

1.	DISTRIBUTION ANTA FE FILE J.S.G.S. LAND OFFICE IRANSPORTER GAS OPERATOR PRORATION OFFICE Operator	REQUEST AUTHORIZATION TO TR.	CONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATU	Supersedes Old C-104 and C-11 Effective 1-1-65	
	Northwest Production Address P. O. Box 990, Farmin Reason(s) for filing (Check proper box New Well Recompletion Change in Ownership	ngton, New Mexico 8740	Other (Flease explai	n.)	
	If change of ownership give name and address of previous owner				
II.			erde Stale (Die Amilia	
III.		TER OF OIL AND NATURAL GA		RIO ATTIDA County	
	Name of Authorized Transporter of Oi Inland Corporation Name of Authorized Transporter of Ca Northwest Pipeline If well produces oil or liquids, give location of tanks.	or Condensate [X]	Address (Give address to which approved copy of this form is to be sent) Box 1528, Farmington, New Mexico 87401 Address (Give address to which approved copy of this form is to be sent) Box 90, Farmington, New Mexico 87401 Is an address (Give address to which approved copy of this form is to be sent) When		
	If this production is commingled wi	th that from any other lease or pool,	give commingling order numbe	21:	
.,	Designate Type of Completi	on - (X) Gas Well X Date Compl. Ready to Prod.	New Well Workover Deep	P.B.T.D.	
	05-10-76 Elevations (DF, RKB, RT, GR, etc.)		6500' Top (M)/Gas Pay	Tubing Depth 6363'	
	6119',6126',6149',6166'		,63481,63651	Depth Casing Shoe 65001	
	12 1/4" 7 7/8"	CASING & TUBING SIZE 8 5/8" 4 1/2" 2 3/8"	224' 6500' 6363'	SACKS CEMENT 117 cf. 1746 cf. Tbg.	
Ψ.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of lo	ad oil and must be equal to or exceed top allow-	
	OII. WELL able 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.)		gas lift, etc.)		
	Length of Test Actual Prod. During Test	Tubing Pressure Oil-Bbls.	Casing Pre-sure (1)	Choke Size	
			OIL CON DIST.	3	
	GAS WELL Actual Prod. Test-MCF/D 55	Length of Test 3 hours	Bbls. Condensate/MMC	Gravity of Condensate	
	Testing Method (pitot, back pr.) Calc A.O.F.	Tubing Pressure (Shut-in) 461	Casing Pressure (Shut-in) 1222	Choke Size 3/4" variable	
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. (Signature)		OIL CONSERVATION COMMISSION SEP 24 1976 Original Signed by A. R. Kendrick SUPERVISOR DIST. #3 TITLE This form is to be filed in compliance with RULE 1104. If this is a request for silowshie 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.			
Drilling Clerk (Title) September 16, 1976 (Date)					