	DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  IRANSPORTER  GAS		CONSERVATION COMM FOR ALLOWABLE AND ANSPORT OIL AND I		Supe Elle	i C+104 praedes Old C ctiv• 1-1-65	-104 and C-116		
	OPERATOR					•			
ı.	PRORATION OFFICE	<u> </u>							
	Operator The Control of the Control								
	Northwest Pipeline Corporation .								
	0.1								
	501 Airport Drive, Farmington, New Mexico 87401  Reason(s) for Fling (Check proper box)  Other (Please explain)								
	New Well								
Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate									
									If change of ownership give name and address of previous owner
•									
II.	DESCRIPTION OF WELL AND	Well No.; Pool Name, Including F	ormation	Kind of Lease		····	Lease No.		
	Indian E	1 Choza Mesa Pio		State, Fekeral	or Fee	Jic. do			
	Location L	T GHOZE REBELTI	04104 04111			· · · · · · · · · · · · · · · · · · ·			
	Unit Letter B: 890 Feet From The North Line and 1700 Feet From The East								
	Line of Section 31 Tow	vaship 29N Range	ЗЖ , имем	, Rio Ar	riba	· · · · · · · · · · · · · · · · · · ·	County		
_			• •						
1.	DESIGNATION OF TRANSPORT	or Condensate X	Address (Give address	to which approve	d copy of thi	s form is to b	e sent)		
	Northwest Pipeline Corporation		501 Airport Drive, Farmington, New Mexico 8740						
	Name of Authorized Transporter of Casinghead Gas or Dry Gas		Address (Give address						
	El Paso Natural Gas Company		Box 990, Farmi	ngton, Nev	a Mexico	87401			
	If well produces oil or liquids, give location of tanks.	Is gas actually connected? When							
	give location of tanks.  B 31 29N 3W  If this production is commingled with that from any other lease or pool, give commingling order number:								
	COMPLETION DATA	in that from any other rease or poor,	give comminging once						
•	Designate Type of Completion	on (X)   Gas Well	New Well Workover	Deepen I	Plug Back	Same Restv.	Diff. Res'v.		
	Date Spudded	Date Compl. Ready to Pred.	Total Depth		P.B.T.D.	<del> </del>			
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oll/Gas Pay		Tubing Dept	h			
	Perforations				Depth Casing Shoe				
		AND CEMENTING RECORD DEPTH SET		0.000 051517					
	HOLE SIZE CASING & TUBING S			SACKS CEMENT					
			<del>- </del>						
		1	+						
,	TEST DATA AND REQUEST FO	OR ALLOWABLE. (Test must be	after recovery of total volu	me of load oil a	nd must be ed	qual to ur exc	eed top allow-		
7 •	OIL WELL	able for this d	epsh or be for full 24 hours	1			<del>, ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		
	Date First New Oil Run To Tanks	Date of Test	Preducing Metho	mpe ras life	, etc.)				

Casing Pressur LULITED Length of Test Tubing Pressure 22 1974 Gas - MCF Oil-Bbls. Water - Bb Actual Prod. During Test OIL CON. COM DIST. 3 GAS WELL

Gravity of Condensate Bbls. Condensate Actual Prod. Test-MCF/D Length of Test Chore Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION

APPROVED\_

## I. 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.

		T HAREY	
property of the second	(Signature)		
	11 710 UK		

(Title)

(Date)

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.

Original Signed by A. R. Kendrick PETROLEUM ENGINEER DIST. NO. 3

FEB 7 1974

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, sell name or number, or transporter, or other such change of condition. no sente " mg Color must be stand for each nool in multiply