Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

•		OTRA	NSF	ORT OIL	LAND NA	TURAL G			•	,		
Openior Northwest Pipeline Corporation							1	MPI 30-039-24580				
Address 3539 East 30th Str			ton.	. NM 8	B7401			1 30-03.	3-24300		_	
Reason(s) for Filing (Check proper box)		21 111 11 19	,			ner (Please exp	lain)				_	
New Well		Change in	Transp Dry G			•						
Recompletion												
Change in Operator	Casinghead	Cas	Conde	nsale 📗		- 		,			_	
f change of operator give name ad address of previous operator	·	······································				····					_	
I. DESCRIPTION OF WELL Lease Name					· · · · · · · · · · · · · · · · · · ·	·						
7,517,00						ng Formation Litland Coal			• SF-0	ease No. 80379A		
Location				· · · · · · · · · · · · · · · · · · ·	11010110	0001	— 		·· <u>·····</u>		_	
Unit Letter B	_ 199	30	Feet F	rom The	North Lin	se and $\frac{1}{1}$	690 F	et From The	<u>East</u>	Line		
Section 17 Townshi	29N	·	Range	6W	, N	<mark>мрм,</mark> Ri	o Arrib	a		County		
II. DESIGNATION OF TRAN	SPORTE	OF OU	I. AN	ID NATII	RAL GAS						_	
Name of Authorized Transporter of Oil or Condensale						Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casinghead Gas or Dry Gas X												
	Address (Give address to which approved copy of this form is to be sent)											
Northwest Pipeline Corporation [well produces oil or liquids, Unit Sec. Twp. Rgc.						3539 East 30th - Farmington, NM						
ve location of tanks.	Il produces oil or liquids, Unit Sec. Twp. Rge. ocation of tanks. B 17 29N 6W						Is gas actually connected? When ?					
this production is commingled with that it. V. COMPLETION DATA	from any othe	r lease or po	ool, gi	ve commingi	ing order num	ber:					_	
		Oil Well		Gas Weil	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	_	
Designate Type of Completion		<u> </u>	_Ļ_	X	I X	<u>i</u>	<u>i </u>	<u> </u>	i	<u>i</u>		
Date Spudded Date Compt. Ready to Prod.						Total Depth			P.B.T.D.			
11-30-89 12-10-89 ilevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					3687 KB Top Oil/Gas Pay			3670' KB				
ilevations (DF, RKB, RT, GR, etc.) Name of Producing Formation 6769' KB 6756' GR Basin Fruitland Coal					3585'			Tubing Depth 3630' KB				
erforations									Depth Casing Shoe			
3585'-3637'									3687'			
	TUBING, CASING AND											
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
12-1/4" 7-7/8"	9-5/8" 5-1/2"			548'			280 sx					
1-1/8	2-7/8"			3687' 3630'			675 sx					
	2-1/8											
. TEST DATA AND REQUES					·			1			J	
OIL WELL (Test must be after re	Date of Test		fload	oil and must	be equal to or	exceed top all	owable for this	depth or be	for full 24 how	rs.)		
Oale First New Oil Run To Tank	Producing M	ethod (Flow, pi	urp, gas lift, e	ic.)]					
ength of Test	Tubing Pressure				Casing Press	īte		ha sit	F W	5 117	$\frac{1}{2}$	
Actual Prod. During Test	·				·	li						
with Front During Left	Oil - Bhis.				Water - Bbls.			MAR 0 8 1990				
GAS WELL							**	Oll C	CIN. D	IV.	ز.	
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate					
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size					
Patotpress m.c.	TSTM				900#			Choice Size		•		
I. OPERATOR CERTIFICATE OF COMPLIANCE								1			J	
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					MAR 26 1990							
// a a a // may make made order.						Approve	d				_	
Carro Harmon						7 1						
Signature Carrie Harmon Production Assistant					By_ Bowl Chang							
Printed Name Title					Tue	•	SUPERVI	SOR DIS	TRICT #	3.		
3-8-90 327-5351					Title			·				
Telephone No.												

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

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.