_				1	
	NO. DE COPIES AESEIVED 5				
	DISTRIBUTION		ONSERVATION COMMISSION	Form C+104	
	SANTA FE	REQUEST I	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
Į	FILE /		AND		
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
	LAND OFFICE				
	TRANSPORTER GAS /				
	OPERATOR i				
1.	PRORATION OFFICE				
	Operator	Northwest Pipeline Corporation			
	Northwest Pipeline	Corporation			
	Address				
1	501 Airport Drive, Farmington, New Mexico 87401				
	Reason(s) for fixing (Linear proper vox)				
ļ	Recompletion	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
	Change in Ownership X	Casinghead Gas Conden	sale [X]		
	If change of ownership give name El and address of previous owner	Paso Natural Gas Compan	y, PO Box 990, Farmingto	on, New Mexico 87401	
Ħ.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	ormation Kind of Leas	• Lease No.	
	Lease Name	1	State, F y dero	SF078997	
	San Juan 30-5 Unit	37 Basin Dakota		,520.033.	
	Location Unit Letter K 1630	Feet From The South Lin	e and 1670 Feet From	The West	
		mship 30N Range	5W , NMPM, Rio Arr	iba County	
		AND MARKET CA	c	·	
II.	DESIGNATION OF TRANSPORT	or Condensate X	Address (Give address to which appro	oved copy of this form is to be sent)	
	Name of Authorized Transporter of Cil	G anathian		mington, New Mexico 8740	
	Northwest Pipeline Corporation 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)		
	Name of Authorized Transporter of Cas Northwest Pipeline	Corporation	501 Airport Drive, Far	mington, New Mexico 8740	
	Northwest riperme			nen	
	If well produces oil or liquids,	1 1	- 1		
	give location of tanks.	K	<u> </u>		
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:		
īV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completion		T T		
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Date Spudded	Date Compi. Reday to Fied.			
		Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Politication			
				Depth Casing Shoe	
	Perforations				
	TUBING, CASING, AND CEMENTING RECORD				
			DEPTH SET	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE			
			,	land second top allow	
V.	. IESI DAIA A.AB REGUEST		ifter recovery of total volume of load of epth or be for full 24 hours)	RILLIVEN	
	OIL WELL	Date of Test	Producing Method (Flow, pump, gas	Aft, etc.)-OLITED	
	Date First New Cil Run To Tanks	20.00			
		Tubing Pressure	Casing Pressure	dia si 2 1 1974	
	Length of Test	150Mid Lineama		\bu con/	
		Oil-Bbls.	Water-Bbis.	COM.	
	Actual Pred. During Test	O1 D2.5.		DIST. 3	
		<u> </u>			
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Actual Fred, Test-MCF/D	Paulitu or rass	i	i	

VI. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

Actual Fred. Test-MCF/D

III

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.

OFFICE SUPERVISOR

(Date)

FEB 1 9 1974

(Title)

Tubing Pressure (Shut-in)

Casing Pressure (Shut-in)

OIL CONSERVATION COMMISSION FEB 21 1974

Choke Size

APPROVED

By Original Signed by Emery C. Arnold

SUPERVISOR DIST. #3

This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despended 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 Separate Forms C-104 must be filed for each pool in multiply completed wells.