NO. OF COPIES RECEIVED			5
DISTRIBUT.ON			
SANTA FE		1	
FILE		1	
U.S.G.S.		i	
LAND OFFICE			
TRANSPORTER	OIL	1/	
	GAS	1_	
OPERATOR		1	
PRORATION OFFICE			
Operator			

11-12-75

(Date)

- - -	DISTRIBUT.ON SANTA FE /	REQUEST FO	ISERVATION COMMISSION OR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
	U.S.G.S. LAND OFFICE IRANSPORTER OIL / GAS / OPERATOR / PRORATION OFFICE	AUTHORIZATION TO TRANS	SPORT OIL AND NATURAL GA			
1.	Operator					
	Northwest Pipeli	ne Corporation				
	P.O. Box 90 Farmington, New Mexico 87401					
-	Reason(s) for filing (Check proper box)					
	New We!l XX Change in Transporter of:					
	Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Condense	ate			
l						
	If change of ownership give name and address of previous owner					
AND FACE						
11.	Lease Name	Well Mo. Foot trame, married		Lease No. SF 078994		
	San Juan 30-5 Unit 45 Blanco Mesa Verde					
	Location Location M : 820 Feet From The South Line and 1185 Feet From The West					
	Unit Letter M; 82		To the American To the America	county County		
	Line of Section 15 Town	nship 30N Range	5W , NMPM, Rio Ar	IIDa		
	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which approv	and copy of this form is to be sent)		
111.	Name of Authorized Transporter of Oil	or Condensate XX		1		
	Northwest Pipeline Corp	oration	3539 East 30th Farming Address (Give address to which approx	ped copy of this form is to be sent)		
	Northwest Pipeline Corp		3539 East 30th Farming	gton, New Mex. 87401		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Who	en		
	give location of tanks.		No No	NA		
	If this production is commingled with that from any other lease or pool, give commingling order number: NA COMPLETION DATA Plug Back Same Restv. Diff. Restv.					
Oil Well Gas well New Well Workston (Y)				Prug Buck		
		Date Compl. Ready to Prod.	X Total Depth	P.B.T.D.		
	Date Spudded 10-14-75	10-27-75	60301	5990' Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	5924 .		
	6577' GR	Mesa Verde	5592'	Depth Casing Shoe		
	Seriorations 5592' to 5922' w/17 shots 6026'					
	TUBING, CASING, AND CEMENTING REGORD					
1	HOLE SIZE	CASING & TUBING SIZE	215'	180		
	13 3/4" 8 3/4"	7"	37941	160		
	6 1/4"	4 1/2" Liner	Top 3636' - 6026'	215		
		2 3/8"	for recovery of total volume of load oil	l and must be equal to or exceed top allow-		
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL. WELL OIL WELL 2 3/8" Crest must be after recovery of total volume of load oil and must be equal to or exceed able for this depth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)						
	Date First New Oil Run To Tanks	Date of Test	Flow			
		Tubing Pressure	Casing Pressure	Choke Size		
	Length of Test		n Dhia	Gas-MCF)		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.			
				1101/04/1075		
	GAS WELL		0.00	NOV 24 1975		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	OIL CON. COM.		
	CV 2451 AOF 3071 Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Chok Size DIST 3		
	One Point Back Press.	1042 PSIG	1029 PSIG	0.75		
v	I. CERTIFICATE OF COMPLIAN	NCE	OIL CONSERVATION COMMISSION			
			APPROVED NOV 2 5 1975			
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given the heat of my knowledge and belief.		By Original Signed by A. R. Kendrick			
Commission have been complied with and that the information belief, above is true and complete to the best of my knowledge and belief.		TITLE SUPERVISOR DIST. #3				
	A. W. Maroncelli					
			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 well, this form must be accompanied by a tabulation of the deviation well, this form must be accompanied by a tabulation of the deviation with RULE 111.			
	D.H. Maronce Pi Production Engineer	I'	Att sections of this form must be inted out completely			
(Title)			able 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.