## -----DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C+134 apersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE SANTA F.E Effective 1-1-65 FILE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS u.s.g.s. LAND OFFICE TRANSPORTER GAS OPERATOR API # 30-039-22412 PRORATION OFFICE Northwest Pipeline Corporation Farmington, N.M. 87401 Box 90, Other (Please explain) New Well Dry Gas OII Recompletion Casinghead Gas Condensate Change in Ownership If change of ownership give name ind address of previous owner 1. DESCRIPTION OF WELL AND LEASE Lease No. errino. Pool Name, including Formation Kind of Lease State, Federal or Fee E-347-26 State San Juan 30-5 Unit 53 Basin Dakota Location 1765' Feet From The South Line and 970' Feet From The West Unit Letter Rio Arriba County , NMEM, Range 5W Township 30N Line of Section 16 II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | Name of Authorized Transporter of Oil | or Condensate | X | Adaress (Give address to which approved copy of this form is to be sent) Box 90, Farmington, N.M. 87401 Northwest Pipeline Corporation Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas P.O. Box 90, Farmington, N.M. 87401 Northwest Pipeline Corporation is gas actually connected? Unit If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: Oil Well V. COMPLETION DATA Same Res'v. Diff. Res' Plug Back Gas Well New Well Designate Type of Completion - (X) P. B. T. D. Total Depth Date Compl. Ready to Prod. Date Spudded 7820' 7775 12-12-80 9-2-80 Tubing Depth Top Oll/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc., 7717' 6340'\_GR Basin Dakota Depth Casing Shoe Perforations 7820' 7723' to 7742' Dakota TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 185 360' 12-1/4" 9-5/8" 135 34<u>92</u> 8-3/4" 6-1/4" 350 7820' 4-1/2"

V. TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

OIL WELL

| Description Method (Flow, pump, gas lift, etc.)

OIL WELL  Date First New Cit Bun To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Chole Ship
Actual Prod. During Test	Oti-Bbls.	Water-Bbis.	OH COL 1980
GAS WELL			OIL CON. COM. DIST. 3
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Ordania Communica
CV 1209 AOF 1228 MCFD Testing Method (pitot, back pr.)	3 hrs Tubing Pressure(shut-in) 2761 psid	Casing Pressure (Shut-in)	Choke Size 2" X .750"
Back Pressure		OH CONSERVATION COMMISSION	

APPROVED

BY.

TITLE ...

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.

Donna Brace
Donna Brace (Signature)
Production Clerk
(Title)

December 16, 1980

Datej

This form is to be filed in compliance with RULE 1104.

It 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.

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.