HO. OF COPIES RECEIVED			
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			
Operator			
Northwest	Pipel	ine	Co
Address			

DISTRIBUTION SANTA FE	REQUEST FO	SERVATION COMMISSION OR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
FILE U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		AS
LAND OFFICE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
TRANSPORTER OIL GAS			
OPERATOR			
PRORATION OFFICE			
Northwest Pipeline Cor	poration		C/L = 16 /98
P.O. Box 90, Farmingto	n, N.M. 87499	Other (Please explain)	037
Reason(s) for filing (Check proper box) New Woll	Change in Transporter of:		
Recompletion	OII Dry Gas		Santa a mark a same
Change in Ownership	Casinghead Gas Condens:	ite	
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND L	EASF. West No., Fool Name, Including For	netion Kind of Leas	Federal Legse No.
Lease Name San Juan 31-6 Unit	8A Blanco Mesa Vem		3. T.
Location			w Wast
Unit Letter C : 1200	Test From The North Line		
Line of Section 6 Town	nship 30N Range 3	SW , NMEM, Rio Ar	rriba County
. DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Audress (Give audress to which appro	oved copy of this form is to be sent)
Name of Authorized Transporter of Off	or Dondensate 🔥	DO Box OO Forming	
Northwest Pipeline Con		P.O. Box 90, Farmingt	
Northwest Pipeline Co		P.O. Box 90, Farming	ton, N.M. 8/499
If well produces oil or liquids,	Unit Sec. Twp. Rge.	,	
give location of tanks.		ive commingling order number:	
If this production is commingled with	h that from any other lease or pool, g		Plug Back Same Res'v. Diff. Res'v.
V. COMPLETION DATA	C (G	New Well Workover Deeper.	Plug Back Same Resty. Diff. Hesty.
Designate Type of Completio		Total Depth	P.3.T.D.
Date Spuddad	Date Compt. Heady to the		5550'
8-14-82	10-11-82 Name of Producing Formation	Top CIL/Gas Fay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.) 6243' KB	Mesa Verde	5088'	5410'
Perforations	incod verdo		Depth Casing Shoe
Mesa Verde 5088' -	5500'		5597 KB
	TUBING, CASING, AND		SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	384 cuft Cl B 1/4 gel
13-3/4"	9-5/8"	382' KB 3515' KB	241 cu.ft 89 cu.ft Cl F
8-3/4"	4-1/2"	3324' - 5597'	403 cu.ft
6-1/4"	2-3/8"	5410' KB	1
			il and must be equal to or exceed top allow
V. TEST DATA AND REQUEST F	able for this de	oth or be for full 24 hours,	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	ujt, etc.)
		Coaing Pressure	Choke Size
Length of Test	Tubing Pressure		Gas-MCF
Actual Prod. During Test	CIBbis.	Water - Bbie.	Gas-MOF
GAS WELL Test Date	10-22-82	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	-	-
(AOF 3880 MCFD) 383MCF Testing Method (pitot, back pr.)	3 hrs Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	208 psig	867-523 Dsig	2" X .750"
		1	VATION COMMISSION
VI. CERTIFICATE OF COMPLIAN		11-30-82 NOV	3 1 1952
I hereby certify that the rules and	regulations of the Oil Conservation	Arrito Violentia	EWELL A CHARPY
Commission have been complied	with and that the information given he best of my knowledge and belief.	· · · · · · · · · · · · · · · · · · ·	DET TA SECURITE
above is true and complete to th	was en my min in its min i	SUPERVI	SOR DISTRICT # 3
	`		
Doman 1 /	∤.	11	in compliance with RULE 1104. lowable for a newly drilled or deepen
Monna L	MOULE	If this is a request for all well, this form must be according	nounied by a tabulation of the deviati

Donna J. Brace (Signature)	
Donna J. Brage (Signature)	
Production Clerk	
(Title)	
November 4, 1982	-
(Date)	

well, this form must be accompanied by a tabulation of tasts 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 well name.