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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65
FILE		AND	
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATU	RAL GAS
LAND OFFICE			
IRANSPORTER OIL			
GAS			
OPERATOR			
I. PRORATION OFFICE			
Operator			DECEMBE
Northwest Pipeline	Corporation		UEGENVE
Address			
P.O. Box 90, Farmin	gton, N.M. 87499		14 44 1000 E
Reason(s) for filing (Check proper box,		Other (Please explai	MAY 1 1 1983
New Well X	Change in Transporter of:		OH COM DO
Recompletion	OII Dry Go	ıs 🔔	OIL CON DIV.
Change in Ownership	Casinghead Gas Conde	nsate 🔲	DIST. 3
If change of ownership give name	,		
and address of previous owner			
II. DESCRIPTION OF WELL AND	LEASE		
Lease Name	Well No. Pool Name, Including F	ormation Kind o	of Lease No.
San Juan 30-5 Unit	87 Basin Dakota	\$7.5	K ^{Federal cr} XXXX SF 080066
Location			
W 920	Feet From The South Lir	ne and 1070	t From The . Words
Unit Letter M : 830	restriom the SOULIL Lin	t ee	west.
I top of Control E	wnship 30N Ronge	5W , NMPM,	Rio Arriba County
Line of Section 5	vising 30N Henge		1111100
T DESCRIPTION OF THATCHOR	DED OF OH AND NATURAL CA	ıc	
II. DESIGNATION OF TRANSPORT	or Condensate	Aggress (Give address to whic	h approved copy of this form is to be sent)
Rame of Authorized Transporter of or			
Name of Authorized Transporter of Cas	singhead Gas Cr Dry Gas X	harress (Give address to which	h approved copy of this form is to be sent)
· ·			
Northwest Pipeline	Corporation	P.O. Box 90, Farmi	ngton, N.M. 87499
If well produces oil or liquids,	Unit Sec. Twp. P.ge.		, when
give location of tanks.	<u> </u>	NO	
If this production is commingled with	th that from any other lease or pool,	give commingling order numb	ет:
IV. COMPLETION DATA			
Designate Type of Completic	Oil Well Gas Well	New Well Workover Des	spen Plug Buck Sume Nes V. Din. Nes V.
Designate Type of Completic		X	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	
3-8-83	4-3-83	7925'	7913 Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	
6413' KB 6399' GR	Dakota		7764 Tepth Casing Shoe
Perforations			1 '
7780'-7801' & 7826'	-7830 '		7925'
	TUBING, CASING, AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8"	3591	256 cu.ft Cl "B"
8-3/4"	711	3755 †	372 & 89 cu.ft C1 "B"
6-1/4"	4-1/2"	7925'	542 & 118 cu.ft Cl "B"
	2-3/8"	<u> 7764 '</u>	
V TEST DATA AND REQUEST FO	OR ALLOWABLE. (Test must be a	ifter recovery of total volume of i	load oil and must be equal to or exceed top allow-
OIL WELL	able for this d	eptit of be joi just 24 hours	
Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump	o, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Presews	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas-MCF
l			
GAS WELL Test Date 4	_19_83		
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
(AOF 3777 MCFD) 528 MCF	3 hre		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	2526 psig	2526 psig	2" x .750"
VI. CERTIFICATE OF COMPLIAN			ERVATION COMMISSION
VI. CERTIFICATE OF COMPLIAN	CE.	5-31-83	
		APPROVED	, 19
I hereby certify that the rules and a	with and that the information given	a : :- I Signed by	FRANK T. CHAVEZ
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY Uriginal Signed by	
		If	SUPERVISOR DISTRICT 至 3
		1	
	_	11	
1	Q P	This form is to be fi	led in compliance with RULE 1104.
Donna 1	Brace B	This form is to be fi	led in compliance with RULE 1104.
Donna J. Brac (Signal	Brace B	This form is to be fi	led in compliance with RULE 1104.

All sections of this form must be in 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.

(Title)

May 5, 1983 (Date)