NO. OF COPIES BECE	1460		
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.		1	
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR		Ĺ	
PRORATION OFFICE			<u> </u>
Operator			
Northwe	est P	i pe l	ine
Address			

DISTRIBUTION		DNSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110		
SANTA FE	REQUEST:	FOR ALLOWABLE AND	Effective 1-1-65		
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	GAS		
LAND OFFICE		HSI GRE SIE ARD HATGRAE			
TRANSPORTER OIL					
GAS			• -		
OPERATOR	_	D) [5]			
Operation OFFICE					
Northwest Pipelin	ne Corporation	E C	9 1 7 10 A		
Address	10 00. po. 00. 00.		→ 1 <i>→</i> 1984		
P.O. Box 90, Farm	nington, N.M. 87499	01.	ON DIV		
Reason(s) for filing (Check proper bo	x)	Other (Please explain)	IST. 3		
New Well	Change in Transporter of:		751. 3		
Recompletion	Oil Dry Gas Casinghead Gas Conden	一一	!		
Change in Ownership	Edality eda Cos compart				
If change of ownership give name					
and address of previous owner					
DESCRIPTION OF WELL AND	LEASE				
Lease Name	Well No. Pool Name, including Fo	Contraction Contraction			
San Juan 31-6 Un	it 49 Basin Dako:	ta XXX Feder	NM! 3404		
Location	700	000	-: Fac+		
Unit Letter H : 17	780 Feet From The North Lir	e and <u>OOU</u> Feet From	The <u>EdS L</u>		
Line of Section 5	ownship 30N Range	6W . NMFM, Rio	Arriba County		
Cine of Section 3	JUIL				
DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	ıS			
Name of Authorized Transporter of O	or Condensate	Address (Give address to which appr	oved copy of this form is to be sent)		
		· · · · · · · · · · · · · · · · · · ·	oved copy of this form is to be sent;		
	casinghead Gas or Dry Gas	P.O. Box 90, Farmingto			
Northwest Pipelin	Unit Sec. Twp. Pige.		Then		
If well produces oil or liquids, give location of tanks.	to the state of th	NO			
	wist above from control leave or pool	give commingling order number:			
If this production is commingled v. COMPLETION DATA	with that from any other lease or pool,	give committing office number.			
	Ci. Well Gas Well	New Werl Workover Deepen	Plug Back Same Resty. Diff. Resty.		
Designate Type of Complet		X	P.B.T.D.		
Date Spudded	Date Compi. Ready to Prod.	Total Depth -7952' 7960	7930'		
11-30-83	1-4-84 Name of Producing Formation	1990 1000	Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.) 6473' KB & 6461' GR	Dakota	7864'	7865		
Perforations	Dakota	7001	Depth Casing Shoe		
7864'-7879' & 79	05'-7909'	7952'			
		D CEMEHTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
12-1/4"	9-5/8"	369'	298 cu ft Cl B		
8-3/4"	7"	3668'	363 cu.ft Cl B 682 cu.ft Cl B		
6-1/4"	4-1/2"	7952 ' 7865 '	OOC_CU_FL_UI_B		
	2-3/8" TOP ALLOWARIE (Test must be a	of the recovery of total values of land o	il and must be equal to or exceed top allou		
. TEST DATA AND REQUEST OIL WELL	FUR ALLUNABLE (1 est must be a able for thin di	2,,,,, 0, 00,,0, ,,,,,,,,,,,,,,,,,,,,,,			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)		
			1 (2) 4 21 -		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
		Water - 3bis.	Gas-MCF		
Actual Prod. During Test	Oti-Bbis.	HARRIE - MARKE			
		<u></u>			
CAS WELL TO S	1-23-84				
Actual Prod. Test Date	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
1/40E 1416/ MICEDY 233 MC	F 3 hrs	-			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Coming Pressure (Shut-in)	Choke Size		
Back Pressure	2685 psig	2680 psig	2" X .750"		
. CERTIFICATE OF COMPLIA	NCE		VATION COMMISSION		
		S-15-84 FFR	1 5 1984 , 19		
I hereby certify that the rules an	d regulations of the Oil Conservation is with and that the information given	given Original Signed by FRANK T (HAVF7			
above is true and complete to	the best of my knowledge and belief.				
-		TITLE SUPERVIS	OR DISTRICT # 3		
α		13	TITLE This form is to be filed in compilance with RULE 1104.		
dhama to		as it is a second of all	lowable for a newly drilled or deepene		
ALOWING (SIL	CCL 2	the same of the second	wavied by a fabriation of the gasters		
Donna Brace		tests taken on the well in ac-	cordance with RULE 111. must be filled out completely for allow		
	on Clerk	All sections of this form able on new and recompleted	wells.		
'		11			

djb/

February 1, 1984

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.