

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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OIL CON. DIV.
DIST. 3

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Northwest Pipeline Corporation

Address
P.O. Box 90 - Farmington, NM 87499

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 31-6 Unit	Well No. #53	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State Federal or Fed XXXX Federal XXXX	Lease No. NM01229
Location Unit Letter <u>J</u> : <u>1850</u> Feet From The <u>South</u> Line and <u>1000</u> Feet From The <u>East</u> Line of Section <u>1</u> Township <u>30N</u> Range <u>6W</u> , NMPM. <u>Rio Arriba</u> Count				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Northwest Pipeline Corporation	P.O. Box 90 - Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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

Barrie Harmon B
(Signature)
Production & Drilling Clerk
(Title)
December 30, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 22 1987
BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 3

TITLE _____

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

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
			X	X					
Date Spudded 6-20-85	Date Compl. Ready to Prod. 9-10-85		Total Depth 7963' KB		P.B.T.D. 7914' KB				
Elevations (DF, RKB, RT, CR, etc.) 6430' KB	Name of Producing Formation Mesa Verde		Top Oil/Gas Pay 5341'		Tubing Depth 5641'				
Perforations 5341'-5782'					Depth Casing Shoe 7963'				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
13-1/2"	10-3/4"		238'		200 sx (238 cu.ft.)				
9-7/8"	7-5/8"		3688'		265 sx (505 cu.ft.)				
6-3/4"	5-1/2"		7963'		400 sx (548 cu.ft.)				
	1-1/4"		5641'						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D Q=1945 AOF=4837	Length of Test 3 hrs	Bbls. Condensate/MMCF ----	Gravity of Condensate ----
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1050	Casing Pressure (Shut-in) 1066	Choke Size 2" X .750"