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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-85

Operator Northwest Pipeline Corporation

Address P.O. Box 90, Farmington, N.M. 87499

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>San Juan 32-7 Unit</u>	Well No./Well Name, Including Formation <u>80 South Los Pinos PC</u>	Kind of Lease <u>XXXX Federal or XXX</u>	Lease No. <u>SF 078996</u>
Location Unit Letter <u>L</u> <u>1695</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u>			
Line of Section <u>3</u> Township <u>31N</u> Range <u>7W</u> N.M.S. <u>San Juan</u> County			

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)
<u>Northwest Pipeline Corporation</u>	<u>P.O. Box 90, Farmington, N.M. 87499</u>
If well produces oil or liquids, give location of tanks.	Is this facility connected? <u>NO</u> When _____

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>10-17-82</u>	Date Compl. Ready to Prod. <u>11-19-82</u>	Total Depth <u>3830'</u>		P.B.T.D. <u>3815'</u>				
Elevations (DF, RAB, RT, CR, etc.) <u>6754' KB</u>	Name of Producing Formation <u>Pictured Cliffs</u>	Top Oil Gas Pay <u>3510'</u>		Tubing Depth <u>Tubingless Comp</u>				
Perforations <u>3510' - 3688'</u>				Depth Casing Shoe <u>3825'</u>				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET	SACKS CEMENT				
<u>12-1/4"</u>	<u>8-5/8"</u>		<u>138'</u>	<u>107 cu. ft C1 B</u>				
<u>6-3/4"</u>	<u>2-7/8"</u>		<u>3825'</u>	<u>183 cu. ft C1 B &</u> <u>297 cu. ft C1 "B"</u>				

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 Test Date 12-1-82			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
<u>(AOF 4323 MCF/D) 617 MCF</u>	<u>3 hrs</u>		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
<u>Back Pressure</u>	<u>Tubingless Comp</u>	<u>1494 psig</u>	<u>2" X .750"</u>

VI. CERTIFICATE OF COMPLIANCE

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

Donna J. Brace JB
Donna J. Brace
Production Clerk
(Title)
December 14, 1982
(Date)

OIL CONSERVATION COMMISSION
1-6-83
APPROVED _____, 19____
BY Original Signed By: ANNE M. JOHNSON
TITLE DEPUTY OIL & GAS INSPECTOR DIST. #1

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the data tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out complete on new and recompleted wells.
Fill out only Sections I, II, III, and VI for well name or number, or transporter, or other such.
Form C-104 must be filled for each