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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Northwest Pipeline Corporation	
Address P.O. Box 90 Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <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 San Juan 32-7 Unit NP	Well No. #2	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease X Lease, Federal X Lease	Lease No. SF078543
Location Unit Letter K ; 1650 Feet From The South Line and 1650 Feet From The West Line of Section 27 Township 32N Range 7W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 501 Airport Drive Farmington, New Mexico 87401					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 501 Airport Drive Farmington, New Mexico 87401					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					No	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X				
Date Spudded	Date Compl. Ready to Prod. 10-13-75	Total Depth 6270'	P.B.T.D. COTD 6234'					
Elevations (DF, RKB, RT, GR, etc.) 6650' DF	Name of Producing Formation Mesa Verde	Top Oil/Gas Pay 5734'	Tubing Depth 5995'					
Perforations 5734-5746, 5766-5778, 5790-5800, 5830-5838, 5880-5890, 5906-5918, 5938-5948, 5962-5982, 6094-6102 w/20 shots/zone	Depth Casing Shoe 6261'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			SACKS CEMENT			
15"	10 3/4"	175'			230			
9"	7"	5609'			450			
6 1/8"	4 1/2"	6261'			125			
	2 3/8"	5995'			---			

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 10-20-75	Producing Method (Flow, pump, gas lift, etc.) Flow	
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 CV 1950 AOF 2420	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) One Point Back Pressure	Tubing Pressure (Shut-in) 812 PSIG	Casing Pressure (Shut-in) 1124 PSIG	Choke Size 0.75

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.

D. H. Maroncelli
D.H. Maroncelli (Signature)
Petroleum Engineer (Title)
11-3-75 (Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 7 1975, 19
BY Original Signed by A. R. Kendrick
SUPERVISOR DIST. 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 deepened 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.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

