

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 1-1-65
DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTED OIL GAS OPERATOR PRODUCTION OFFICE		
Operator Northwest Pipeline Corporation		
Address 501 Airport Drive, Farmington, New Mexico 87401		
Reason(s) for filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership <input checked="" type="checkbox"/>		Change in Transporter of: Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Condensate <input checked="" type="checkbox"/>
If change of ownership give name and address of previous owner E Paso Natural Gas Company, PO Box 990, Farmington, New Mexico 87401		
DESCRIPTION OF WELL AND LEASE		
Lease Name San Juan 32 3 Unit	Well No. 30	Pool Name, Including Formation Blanco Mesa Verde
Kind of Lease State, Federal or Fee		Lease No. SF 079717
Location Unit Letter M : 990 Feet From The South Line and 990 Feet From The West Line of Section 27 Township 32N Range 3W, NMPM, San Juan County		
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Northwest Pipeline Corporation		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 type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Corporation		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 M	Sec. 27
	Twp. 32N	Rge. 3W
Is gas actually connected? When		
If this production is commingled with that from any other lease or pool, give commingling order number:		
COMPLETION DATA		
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.		
Date Spudded	Date Compl. Ready to Prod.	Total Depth
Elevations (DF, RLB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay
Perforations	Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET
		SACKS CEMENT
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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
		Choke Size
		Gas-MCF
GAS WELL		
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)
		Choke Size
OIL CONSERVATION COMMISSION		
APPROVED _____, 19____		
BY Original Signed by A. R. Kendrick		
TITLE PETROLEUM ENGINEER DIST. NO. 3		
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.		