1	NO. OF COPIES REC	EIVED	1	5	ĺ						
	DISTRIBUTION	DN]		NEW ME	XICO OIL CONSE			
	SANTA FE		1]_			REQUEST FOR			
	FILE		/	i	r			ANI			
	U.S.G.S.					AUTHORIZATION TO TRA					
	LAND OFFICE				ļ						
1.	TRANSPORTER	OIL	 								
	OPERATOR		1								
	PRORATION OFFICE				1						
	Northwest Pipeline Corporation										
	Address 501 Airport Drive, Farmington, New Mexico 87401										
	Reason(s) for filing (Check proper box)										
	New Well					Change in Transporter of:					
	Recompletion				Oil Dry Gas						
	Change in Ownership X					Casinghead Gas Condensate _					
	If change of ownership give name El Paso Natural Gas Company, and address of previous ownerEl Paso Natural Gas Company,										
II.	DESCRIPTION OF WELL AND LEASE										
	Lease Name						o. Pool Name, Including Formatio				
	San Juan 32-7 Unit					43 Basin Dakota					
	Location							. •			
	Unit Letter B		. :	106	0	Feet Fro	m The No	orthLine and_			
		21		Т		32N		Bange 7W			

III.

	SANTA FE /	1	FOR ALLOWABLE		Supersedes Old C-104 and C-11		
	FILE /		AND		Effective 1-1-65		
	U.S.G.S.	_ AUTHORIZATION TO TRA	ANSPORT OIL AND NA	TURAL GAS			
	LAND OFFICE	-					
	TRANSPORTER GAS /	+					
	OPERATOR /	-					
	PRORATION OFFICE	7					
1.	Operator	. •			······································		
	Northwest Pipeline Con	poration					
	Address	mington, New Mexico 8740	11				
	Reason(s) for filing (Check proper bo						
	New Well	Change in Transporter of:	Other (Please ex	,,,,,			
	Recompletion	Oil Dry Go	-s X				
	Change in Ownership X	Casinghead Gas Conde	nsate 🗓				
	If change of ownership give name and address of previous owner	El Paso Natural Gas Comp	any, PO Box 990,	Farmington, 1	New Mexico 87401		
	•						
11.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	ormation K	ind of Lease	Lease No.		
	Lease Name San Juan 32-7 Unit	43 Basin Dakota		ate, Federal or Fee			
	Location	45 EBHI DAKOU		A			
	Г в 10	060 Feet From The North Lir	ne and 1660	Feet From The Eas	st		
	Unit Letter :	reet from the	ne unu				
	Line of Section 21 To	ownship 32N Range 7W	, ММРМ,	Rio Arriba	County		
III.	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	Address (Give address to	which approved copy of	of this form is to be sent)		
	None of Authorized Transporter of O Northwest Pipeline Con			_	on, New Mexico 8740		
	None of Authorized Transporter of C		Address (Give address to	which approved copy o	of this form is to be sent)		
	Northwest Pipeline Con	_	501 Airport Dri	ve, Farmingto	on, New Mexico 8740		
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	is gas actually connected				
	give location of tanks.	B 21 32N 7W		 ,			
	If this production is commingled w	with that from any other lease or pool,	give commingling order n	ımber:			
IV.	COMPLETION DATA		New Well Workover		ick Same Res'v. Diff. Res'v		
	Designate Type of Complet		I I I I	1	į į į		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.I	D.		
	Sole opasse						
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing	Depth		
	Perforations			Depth C	Casing Shoe		
		TUDING CASING AN	D CEMENTING RECORD	L			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT		
	HOLE SIZE	CASING & TODING CITE					
V.	TEST DATA AND REQUEST 1	FOR ALLOWABLE (Test must be a	after recovery of total volume epth or be for full 24 hours)	of load oil and must	be equal to or exceed top allou		
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow,	ump, gas lift, etc.)			
			CCENT	P.\			
	Length of Test	Tubing Pressure	Casing P	Choke	Siz•		
			MLULIT	Gas-M	<u> </u>		
	Actual Prod. During Test	Oil-Bbls.	Water-Bble.		Cr		
				7			
	CAC UCT T		OIL CON.	COW:			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensat Dister	Gravity	of Condensate		
		-					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-i	n) Choke	Size		
			1				
VI.	CERTIFICATE OF COMPLIA	NCE	OIL CO	NSERVATION			
			APPROVED	FEB 21 1974	, 19		
	I hereby certify that the rules and	regulations of the Oil Conservation with and that the information given	1				
	above is true and complete to the	he best of my knowledge and belief.	BY Original Signed by Emery C. Arnold				
			TITLE SUPERVISOR DIST. #3				
	11.1 -		This form is to be filed in compliance with RULE 1104.				
	KX Mahr	Eka ,	of this to a server for allowable for a newly drilled or deepene				
	(Sia	nation	well, this form must tests taken on the w	A BOCOMMENIAL DV	w two/liwilou of fue caareer		
	OFFICE SUPERVISOR		tests taken on the W	ni in accordance w ils form must be fil	led out completely for allow		
		Tiele 1	Wit sections of the	moleted wells.	- -		

FEB 1 9 1974 (Date)

Fill out only Sections I, II, III, and VI for changes of owne well name or number, or transporter, or other such change of conditionaparate Forms C-104 must be filed for each pool in multiple completed wells.

There is value of tempt length.