_	7	•		/	
-	DISTRIBUTION SANTA FE		ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Surersedes Old C-104 and C-110 Effective 1-1-65	
	FILE U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
	AND OFFICE RANSPORTER OIL /				
	OPERATOR GAS				
1.	PRORATION OFFICE Operator				
-	Northwest PIpeline Corporation				
	P O Box 90 Farmington, N.M. 87401 Ceason(s) for filing (Check proper box) Other (Please explain)				
	New We!l XX Change in Transporter of: Recompletion Oil Dry Gas				
	Change in Ownership Casinghead Gas Condensate				
1	change of ownership give name ad address of previous owner				
II. _.	DESCRIPTION OF WELL AND LI	EASE Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.	
į	Cox Canyon Unit		tured Cliffs State, Federal	or Fee FEderal NM 03189	
	Unit Letter A 1180 Feet From The North Line and 930 Feet From The East				
	Line of Section 20 Town	22 N		Juan County	
••	TO ANGROPHIC OF OH AND NATURAL GAS				
11.	Name of Authorized Transporter of Cil or Condensate		adress (Give address to which approved copy of this form is to be sent)		
	Name of Authorized Transporter of Castr	Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be semi			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? whe		
	give location of tanks. If this production is commingled with	that from any other lease or pool,			
IV.	COMPLETION DATA Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Resty. Diff. Resty.				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	6-17-74	7-1-74 Name of Producing Formation	35351 Top Oil/Gas Pay	3525 Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc., 6741 GL	Pictured Cliffs	3415'	Depth Casing Shoe	
	Perforations 3531'			3531'	
		TUBING, CASING, AN CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	12-3/4"	8-5/8"	106'	90 sacks	
	6-1/2"	2-7/8"	3531 '	160 sacks	
				he could to or exceed top allow	
V	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) OIL WELL Producing Method (Flow, pump, gas lift, etc.)				
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas.		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF	
	GAS WELL Actual Prod. Tost-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	CV-1376 MCF/D CAOF-1406	· ·			
	Testing Method (pitot, back pr.) one point potential	Tubing Pressure (Shut-in)	Casing Pressure (shut-in) 935 psia	Choke Size 3/4"	
WI	CERTIFICATE OF COMPLIANCE		OIL CONSERV	ATION COMMISSION 9 - 1974	
Val. Chavana acceptance of the control of the contr			3EF - , 19		

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

BY Original Signed by A. C. Kendrick

TITLE PETROLEUM ENGINEER DIST. NO. 3

APPROVED_

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

(Signature)

(Title)

(Date)

Production & Drilling Engineer

September 6, 1974

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 MULE 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. gen Three Cains must be fitted for each anothin multiply