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DISTRIBUTION			Ī
SANTA FE		1	
FILE		1	-
U.S.G.S.		i	
LAND OFFICE			<u> </u>
IRANSPORTER	OIL	1	
	GAS	1	
OPERATOR		1,	
PRORATION OFFICE		7	

(Date)

10

	DISTRIBUTION			,			
	SANTA FE /	1	CONSERVATION COMMISSION FOR ALLOWABLE	N Form C-104 Supersedes Old C-104 and C-1			
	FILE // U.S.G.S.	4	AND	Effective 1-1-65			
	LAND OFFICE	IRAL GAS					
	TRANSPORTER OIL /	1					
	OPERATOR .	_					
1.	PRORATION OFFICE	<u>-</u>					
	Operator Northwest Pipelin	a Corporation		41			
	Address	mington, N.M. 87401					
	Reason(s) for Isling (Check proper box			\$ 5x3			
	New Well	Change in Transporter of:	Other (Please expla-	(n) 15			
	Recompletion	Ot1 Dry G	as [O.			
	Change in Ownership	Casinghead Gas Conde	ensate				
	If change of ownership give name and address of previous owner						
	,						
II.	DESCRIPTION OF WELL AND	LEASE Weil No. Pool Name, Including F	Formation Kind of	of Lease No.			
	Cox Canyon Unit	15 Blanco Pict	ured Cliffs State,	Federal or Fee Federal NM 03189			
	Location // D 1	180 189 Feet From The North Lis	1100'	West			
		•					
	Line of Section 21 To	wnship 32N Range	11W , NMPM,	San Juan County			
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL G/	AS	•			
	Name of Authorized Transporter of Oil	cr Condensate 🔀	Address (Give address to which	h approved copy of this form is to be sent)			
	Northwest Pipeline (h approved capy of this form is to be vent)			
	Northwest Pipeline (
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	When			
		th that from any other lease or pool,					
IV.	COMPLETION DATA						
	Designate Type of Completic	on - (X) Oil Well Gas Well	New Well Workover Dee	pen Plug Back Same Restv. Diff. Restv.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	6-3-74 Elevations (DF, RKB, RT, GR, etc.)	7-1-74 Name of Producing Formation	3695 Top Oil/Gas Pay	3686 Tubing Depth			
	6862 GL	Pictured Cliffs	3558'	none			
	Perforations 3562 3574			Depth Casing Shoe			
	TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	12-3/4" 6-3/4"	8-5/8" 2-7/8"	151'	90 sacks			
	0-5/ 4	2-110	3694	200_sacks			
V.	TEST DATA AND REQUEST FOOIL WELL		fter recovery of total volume of lo opth or be for full 24 hours)	oad oil and must be equal to or exceed top allow-			
	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-Bbis.	Water-Bbis.	Gas-MCF			
i			1				
,	GAS WELL	I	1				
	Actual Pred. Test-MCF/D cv 2218 MCF/D CAOF 2364	Length of Test MCFD 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
	one point potential	-	884 psia	3/4"			
VI.	CERTIFICATE OF COMPLIANC	Æ	OIL CONSE	SEP 9 - 1974			
	ereby certify that the rules and regulations of the Oil Conservation		APPROVED	, 19			
Commission have been complied with and that the above is true and complete to the best of my kn			By Original Signed	ыу н. 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				
	(Signature) Production & Drilling Entineer		tests taken on the well in	accordance with RULE 111.			
-	September 5, 1974		All sections of this fo				
	-,		B miss and and married	- t ti til and til for changes of owner			

Fift out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.