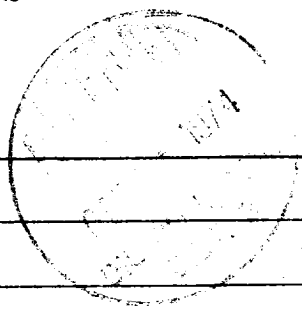


NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		
PRORATION OFFICE		

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



Operator Northwest Pipeline Corporation		
Address P.O. Box 90 Farmington, N.M. 87401		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input 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 _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 32-7 Unit	Well No. 26	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee Federal	Lease No. SF 089543
Location Unit Letter <u>A</u> ; <u>1060</u> Feet From The <u>N</u> Line and <u>950</u> Feet From The <u>E</u> <u>35</u> Line of Section Township <u>32N</u> Range <u>7W</u> , NMPLM, <u>San Juan</u> County				

II. 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) P.O. Box 90 Farmington, N.M. 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) same	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Pge.
	Is gas actually connected? <u>no</u> When _____	

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 8-15-74	Date Compl. Ready to Prod. 8-29-74		Total Depth 6160'		P.B.T.D. 6125'			
Elevations (DF, RKB, RT, GR, etc.) 6723' GL	Name of Producing Formation Mesa Verde		Top Oil/Gas Pay		Tubing Depth			
Perforations 5836-6036'					Depth Casing Shoe 6125'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13-3/4"	9-5/8"		216'		180			
8-3/4"	7"		4016'		230			
6-1/4"	4-1/2" (liner)		4016' - 6158'		220			
	2"		5960'					

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	Producing Method (Flow, pump, gas lift, etc.)	
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-2511 MCF/D 3178 MCF/D	Length of Test 3 hours	Bbls. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (pitot, back pr.) One pt. potential	Tubing Pressure (shut-in) 1036 psia	Casing Pressure (shut-in) 1115 psia	Choke Size 3/4" THC positive choke

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.

O.B. Whitenburg (Signature) js
Production & Drilling Engineer (Title)
September 30, 1974 (Date)

OIL CONSERVATION COMMISSION OCT 3 - 1974	
APPROVED _____, 19____	BY <u>Original Signed by A. R. [Signature]</u>
TITLE <u>PETROLEUM ENGINEER DIST. NO. 3</u>	
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. Form C-104 must be filed for each pool in multiply	