					1	
NO. OF COMIES RECEIVED 5					1	
DISTRIBUTION	NEW ME	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE			Form C-104	
SANTA FE					Supersedes Old C-104 and C-110	
FILE	1		AND		Effective 1-1-65	
U.S.G.S.	AUTHORIZATIO	ON TO TRA	ANSPORT OIL AND	NATURAL GA	AS .	
LAND OFFICE						
TRANSPORTER OIL GAS						
OPERATOR						
PRORATION OFFICE						
Operator Northwest Pipeline	Corporation					
P.O. Box 90 Fa	rmington, N.M. 8	37401			1 6 36	
Reason(s) for filing (Check proper box	:)		Other (Plea	se explain)		
New Well	Change in Transport	Change in Transporter of:				
Recompletion	OII	Dry Go	ıs sı		•	
Change in Ownership	Casinghead Gas	Conde	nsate			
If change of ownership give name and address of previous owner						
II. DESCRIPTION OF WELL AND	LEASE			Kind of Lease	Legse No.	
Lease Name	Well No. Pool Nam		ormation esa Verde		cr Feestate E-503	
San Juan 32-7 Unit		Stanco Me	esa verue	State, rederat	di reebeute	
Location K 1830) SC	outhL	1850	Feet From T	west	
26	ownship 32N	_	7W , NMF	Can I		
	TER OF OU AND NA	ATIDAL C	4 S			
II. DESIGNATION OF TRANSPOR	or Condensate	X)	Address (Give addres	s to which approv	ed copy of this form is to be sent)	
ī			P.O. Box 90	Farmingto	n. N.M. 87401	
Northwest Pipeline Con	- puracton	v Gas 😾	Address (Give addres	s to which approv	ed copy of this form is to be sent)	
l .		, 33,	same as a			
Northwest Pipeline Corporation			Is gas actually conne		n	
If well produces oil or liquids, give location of tanks.	i i i		no	<u> </u>		
If this production is commingled w	ith that from any other le	ease or pool,	, give commingling or	ier number:		
	Oil Well	Gas Well	New Well Workove	r Deepen	Plug Back Same Restv. Diff. Restv	
Designate Type of Complet	ion - (X)	x	x	l	1	
Date Spudded	Date Compl. Ready to P	rod.	Total Depth		P.B.T.D.	
8-30-74	9-16-74		6150'		6112'	
Elevations (DF, RKB, RT, GR, etc.)					Tubing Depth	
6677 GL					5960 '	
Perforations			De		Depth Casing Shoe	
5778' 5976'					6150'	
			D CEMENTING REC		CACVE CEMENT	
HOLE SIZE		CASING & TUBING SIZE		SET	SACKS CEMENT	
13-3/4"	9-5/8"				180	
8-3/4"	7''		3982'		225	
6-1/4				<u> </u>	220	
TI THE DAME AND DESCRIPTION	COP ALLOWARIE (Test must he	5960 t	olume of load oil	and must be equal to or exceed top allo	
V. TEST DATA AND REQUEST :	FUR ALLUMANDE (able for this	depth or be for full 24 ho	urs)		
Date First New Oil Run To Tanks	Date of Test		Producing Method (F	low, pump, gas li	(t, etc.)	
Length of Test	Tubing Pressure		Casing Pressure		Choke Size	
Actual Prod. During Test	Oil-Bbls.		Water-Bbls. G		Gas-MCF	
GAS WELL					To any of Condensate	
Actual Prod. Test-MCF/D	Length of Test		Bbls. Condensate/M	MCF	Gravity of Condensate	
CV-3001 MCF/D CAOF 38	85 MCF/D 3	hours				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut	-in)	Casing Pressure (Shut-in)		Choke Size	

one point potential 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.

1184 ps<u>ia</u>

(Signature) Production Engineer (Title)

October 4, 1974

(Date)

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

Original Signed by A. R. Kendrick
PETROLEUM ENGINEER DIST. NO. 3

OIL CONSERVATION COMMISSION 1974

1184 psia

APPROVED_

3/4" THC

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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.