NO. OF COPIES REC	6		
DISTRIBUTE	ON		
SANTA FE		/	
FILE	7		
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS		
OPERATOR		2	
PRORATION OF	ICE		
Northwest	Pipe	line	e Cor
Address	Г.		

NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE Effective 1-1-65 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS API 30-045-22983 poration PO Box 90, Farmington, New Mexico 87401 Reason(s) for filing (Check proper box) Other (Please explain) X New Well Oil Recompletion Dry Gas Change in Ownership If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Fool Name including Formation Resid - Kind of Lease Lease No. Undesignated Pictured Cliffs XXX. Federal XXXXX San Juan 32-7 Unit 48 \$F 078543 Location North Line and 900 1030 West Feet From The Feet From The Unit Letter 35 32N **7W** San Juan Township Range , NMPM, Line of Section II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Northwest Pipeline Corporation 3539 E 30th St., Farmington, New Mexico ;87401 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas X B539 E 30th St., Farmington, New Mexico 87401 Northwest Pipeline Corporation Is gas actually connected? Unit If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: **COMPLETION DATA** Plug Back Same Resty. Diff. Resty. Workover Designate Type of Completion - (X) Χ Total Depth Date Spudded Date Compl. Ready to Prod. 6-12-79 3795' 7-22-78 3785 **'** Elevations (DF, RKB, RT, GR, etc., Tubing Depth Name of Producing Formation Top Oll/Gas Pay 6644 GR Pictured Cliffs 34721 <u>Tubingless</u> Depth Casing Shoe Perforations 3534 - 3472'; 13 shots 3791' TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET HOLE SIZE CASING & TUBING SIZE 12-1/4" 8-5/8" 135' 100 7-7/8" 2**-**7/8" & 6-1/4" 3791 ' 240 (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas life, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Subing Pressure Cosing Pressure Length of Test Gge - MCI Actual Prod. During Test Oil-Bbls. Water - Bols. Date of Test: 6-12-79 Olf. COLA GAS WELL Gravity of C Bbls. Condensate/MMCF Langth of Test Test-MCF/D CV 1082 AOF 1088 3 hrs Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Back Pressure **Tubingless** 1512 psig OIL CONSERVATION COMMISSION 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. This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened

VI. CERTIFICATE OF COMPLIANCE

Barbara C. Rey	
(Signature) Production Clerk	
(Title)	

June 18, 1979

(Date)

APPRO	VED	JUN	<u> 28 1979</u>	<u>) </u>)
	Original	Signed	by A. R.	Kendrick	
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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. - - - Coins mine he stad for each noof in multiply