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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
CORRECTED COPY

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-85

API 30-039-21528

Operator Northwest Pipeline Corporation	
Address P.O. Box 90, Farmington, New Mexico 87401	
Reason(s) for filing (check proper box)	
New Well ☒	Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐
Recompletion ☐	
Change in Ownership ☐	Other (Please explain)
If change of ownership give name and address of previous owner	

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Lease Name San Juan 32-8 Unit		45	Undesignated PC	XXXXX Federal XXXXX	SF 079380
Location					
Unit Letter	K	1825	Feet From The	South	Line and 1640 Feet From The West
Line of Section	14	Township	32N	Range	8 West
				NMPM,	San Juan
				County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Oil ☐ or Condensate ☒	Northwest Pipeline Corporation	P.O. Box 90, Farmington, New Mexico 87401				
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Northwest Pipeline Corporation	P.O. Box 90, Farmington, New Mexico 87401				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Page	Is gas actually connected?	When

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

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)			X	X					
Date Spudded 9-15-81	Date Compl. Ready to Prod. 1-22-82	Total Depth 6500'		P.B.T.D. 6450'					
Elevations (DF, RKB, RT, GR, etc.) 7077' GR	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 3978'		Tubing Depth 3999'					
Perforations 3978'-4036'				Depth Casing Shoe 6484'					

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	19-5/8"	241'	115
8-3/4"	17"	4300'	195
6-1/4"	14-1/2"	4140' - 6484'	230
		3999'	

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		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test - MCF/D CV 2538 AOF 4243	Length of Test 3 hours	--	--
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1496 psig	Casing Pressure (Shut-in) 1496 psig	Choke Size 2" x .750"

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.

Donna J. Brace
Donna J. Brace (Signature)
Production Clerk
(Title)
January 29, 1982
(Date)

OIL CONSERVATION COMMISSION
FEB 24 1982
APPROVED
Original Signed by CHARLES CHOLSON
BY
DEPUTY OIL & GAS INSPECTOR, DIST. #3
TITLE

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 filled for each pool in multiple