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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

Form O-104
Supersedes Old O-104 and O-110
Effective 1-1-65

API 30-045-21528

Operator Northwest Pipeline Corporation	
Address P.O. Box 90, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE		Kind of Lease	Lease No.
Lease Name San Juan 32-8 Unit	Well No. 45	Pool Name, including Formation Blanco Mesa Verde	XXX, Federal XXX
Location		SF079380	
Unit Letter <u>K</u> : <u>1825</u> Feet From The <u>South</u> Line and <u>1640</u> Feet From The <u>West</u>			
Line of Section <u>14</u> Township <u>32N</u> Range <u>8W</u> , NMPM, <u>San Juan</u> County			

II. 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 <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Northwest Pipeline Corporation	P.O. Box 90, Farmington, New Mexico 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Northwest Pipeline Corporation	P.O. Box 90, Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
			Pge.
Is gas actually connected?		When	

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

V. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)			XX	XX					
Date Spudded <u>9-14-81 4-15-82</u>	Date Compl. Ready to Prod. <u>1-15-82 1-22-82</u>	Total Depth <u>6500'</u>		P.B.T.D. <u>6278' 6450'</u>					
Elevations (DE, RKB, RT, GR, etc.) <u>7077' GR</u>	Name of Producing Formation <u>Mesa Verde</u>	Top Oil/Gas Pay <u>6398'</u>		Tubing Depth <u>6326'</u>					
Perforations <u>5907' - 6398'</u>				Depth Casing Shoe <u>6484'</u>					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
<u>12-1/4"</u>	<u>9-5/8"</u>	<u>241'</u>		<u>115 SX</u>					
<u>8-3/4"</u>	<u>7"</u>	<u>4300'</u>		<u>195 SX</u>					
<u>6-1/4"</u>	<u>4-1/2"</u>	<u>4140'-6484'</u>		<u>230 SX</u>					
	<u>2-3/8"</u>	<u>6326'</u>		<u>---</u>					

VI. 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 <u>CV 1749 AOF 1835</u>	Length of Test <u>3 hours</u>	<u>--</u>	<u>--</u>
Testing Method (pilot, back pr.) <u>Back Pressure</u>	Tubing Pressure (Shut-in) <u>1142 psig</u>	Casing Pressure (Shut-in) <u>Packer</u>	Choke Size <u>2" x .750</u>

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.

Donna J. Brace
Donna J. Brace (Signature)
Production Clerk (Title)

January 29, 1982
(Date)

OIL CONSERVATION COMMISSION	
APPROVED _____, 19 _____	
Original Signed by CHARLES GHOLSON	
BY _____	
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 O-104 must be filed for each pool in multiple	