	<del></del>		
Ma of copies sectives			<b>—</b> —
POLTUEINTZIC		ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110
SANTA FE	KEGUESI	POR ALLOWABLE AND	Effective 1-1-65
FILE		- AND INSPORT DIL AND NATURAL G	A C
U.S.G.S.	AUTHORIZATION TO TRA	MAPOR : DIE AND NATORAL G	A3
LAND OFFICE			
TRANSPORTER OIL			
GAS	<del></del> i		
OPERATOR	<del></del> i		
PRORATION OFFICE			
Operator			
Northwest Pipel:	ine Corporation		
Address	0.511.00	4	
P.O. Box 90, Far	emington, N.M. 87499	(Other (Please explain)	
Reason(s) for filing (Check proper		Giner 11 tense explains	
New Woll X.	Change in Transporter of:		
Recompletion	Oil Dry G	<b>=</b> 1	
Change in Ownership	Casinghead Gas Conde	nsate	
If change of ownership give nar and address of previous owner	ne	<u>:</u>	
DESCRIPTION OF WELL A	ND LEASE   Mark Mo., root Mame, Including (	Formation Kind of Lease	Lease No.
Lease Name	i	المعملات ومعمدة	
San Juan 32-7 U	nit 46 So Los Pino	os P.C.	AAAA 31 070342
Location			- ·
Unit Letter B : 1	080 Fret From The North Li	ne and 1540 Feet From 1	The <u>East</u>
Line of Section 34	Township 32N Range	<u>7W</u> , NMPM, San	Juan County
	<del></del>		
DESIGNATION OF TRANSP	PORTER OF OIL AND NATURAL G	AS	
Name of Authorized Transporter	or Contensate	Address (Give address to which appro-	ved copy of this form is to be sent)
1,02 01 /120/01	· <del>-</del>		
Transporter (	f Casingnesa Gas or Dry Gas	Address (Give address to which appro	ved copy of this form is to be sent)
Northwest Pipeli	no Connoration	P.O. Box 90, Farming	ton. N.M. 87499
Northwest Piperi		Is gas actually connected? Wh	
If well produces oil or liquids,	Unit   Sec.   Twp.   Age.		
give location of tanks.		NO NO	
If this production is commingle	ed with that from any other lease or pool	l, give commingling order number:	
COMPLETION DATA	Ci: Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty. Diff. Rest
Designate Type of Comp		1	1 1
Designate Type of Comp	_ <u> </u>	X Total Depth	P.B.T.D.
Date Spudded	Date Compi. Ready to Prod.		
10-25-82	11-23-82	62501	6150 Tubing Depth
Elevations (DF, RKB, RT, GR, e	ic., Name of Producing Formation	Top Oil/Gas Pay	
6763' KB	Pictured Cliffs	3558'	3887'
Perforations	12000100		Depth Casing Shoe
3558' - 376	O. †		6248'
3338 - 370	TUBING, CASING, A	ND CEMENTING RECORD	
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE		235' KB	260 ou ft
13-1/2"	9-5/8"	4030'	296 cu.ft & 118 cu.ft
8-3/4"	711	3863' - 6248'	430 cu ft
6-1/4"	4-1/2"	3887'	i distribution de la constantia del constantia del constantia del constantia del constantia del constantia d
	1-1/4"	1 300/	land must be equal to as exceed ton all.
V. TEST DATA AND REQUE	ST FOR ALLOWABLE (Test must be	after recovery of total volume of load oi depth or be for full 24 hours)	s and must be equal to or exceed top disc
OIL WELL		Producing Method (Flow, pump, 203)	lift, etc.)
Date First New Cil Run To Tan	CB Date of Test		
		62 5	Chote Star IN
Length of Test	Tubing Pressure	Coaing Pressure	
			Gas-MCF
Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	. [47753 <b>3</b> ]
GAS WELL Test Dat	12-20-82	2 1 200	A Company of the Comp
GAS WELL Test Dat Actual Prod. Test-MCF/D	E Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1		_	_
(AOF 8581 MCFD) 428 Testing Method (pitot, back pr.		Casing Pressure (Shut-in)	Chox Size
1		1448 psig	2" X .750"
Back Pressure	1448 psig		THE THOM COMMISSION
			A HON COMMISSION
VI. CERTIFICATE OF COMP	LIANCE	7 // 00	ATION COMMISSION
		2-16-83	7ATION COMMISSION . 19
	and regulations of the Oil Conservation	)-16-83 APPROVED	, 19
I hereby certify that the rule	LIANCE  s and regulations of the Oil Conservation of the information gives to the best of my knowledge and believed.	On APPROVED	

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

TITLE .

B

1

Donna J. Brace

Production

January 20, 1983 (Date)

(Title)

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.

exceed top allow-

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.

name of Time C-104, must be filed for each next in multiply