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

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

Operator Northwest Pipeline Corporation	
Address P.O. Box 90, Farmington, N.M. 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
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"/>

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 32-8 Unit	Well No. 49	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease XXXXXX Federal or Fee XXXX	Lease No. SF 079353
Location Unit Letter <u>A</u> ; <u>810</u> Feet From The <u>North</u> Line and <u>810</u> Feet From The <u>East</u> Line of Section <u>15</u> Township <u>32N</u> Range <u>8W</u> , NMPM, <u>San Juan</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Northwest Pipeline Corporation	P.O. Box 90, Farmington, N.M. 87499					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					NO	

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		X	X					
Date Spudded 11-4-82	Date Compl. Ready to Prod. 11-28-82	Total Depth 6430'	P.B.T.D. 6380'					
Elevations (DF, RKB, RT, GR, etc.) 6988'	Name of Producing Formation Mesa Verde	Top Oil/Gas Pay 6029'	Tubing Depth 6277'					
Perforations 6029' - 6342'	Depth Casing Shoe 6427'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13-1/4"	9-5/8"	239'	220 cu. ft					
8-3/4"	7"	4279'	339 cu. ft. & 118 cu. ft					
6-1/4"	4-1/2"	4097' - 6427'	421 cu. ft					
	2-3/8"	6277'						

V. 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 Test Date 12-9-82

Actual Prod. Test-MCF/D (AOF 1328 MCF/D) 203 MCF	Length of Test 3 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1173 psig	Casing Pressure (Shut-in) Packer	Choke Size 2" X .750"

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 B
Donna J. Brace (Signature)
Production Clerk (Title)
January 21, 1983 (Date)

OIL CONSERVATION COMMISSION

2-16-83
APPROVED _____, 19____
Original Signed by JOSEPH T. CHAVEZ
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. Separate Form C-104 must be filed for each pool in multiply