

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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PROMOTION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Revised 10-01-78  
Form C-104-01-83

RECEIVED  
NOV 21 1985  
OIL CON. DIV.  
DIST. 3

I. Operator  
Northwest Pipeline Corporation

Address  
P.O. Box 90 - Farmington, NM 87499

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> 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

Other (Please explain):

If change of ownership give name  
and address of previous owner:

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 32-8 Unit	Well No. 50	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease <del>State</del> , Federal <del>xxx</del>	Lease No. SF079341-A
Location Unit Letter <u>D</u> : <u>980</u> Feet From The <u>North</u> Line and <u>790</u> Feet From The <u>West</u> Line of Section <u>28</u> Township <u>32N</u> Range <u>8W</u> , NMPM, San Juan County				

III. 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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Northwest Pipeline Corporation	P.O. Box 90 - Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

*Carrie Harmon*  
(Signature)

Prod. & Drilg. Clerk

(Title)

November 19, 1985

(Date)

OIL CONSERVATION DIVISION

APPROVED

NOV 25 1985

BY

Original Signed by FRANK T. CHAVEZ

TITLE

SUPERVISOR DISTRICT #3

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 deviated 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 Forms C-104 must be filed for each pool in multiple completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			XX	XX					
Date Spudded 7-13-85	Date Compl. Ready to Prod. 10-17-85		Total Depth 6140' KB		P.B.T.D. 6100' KB				
Elevations (DF, RKB, RT, GR, etc.) 6672' KB	Name of Producing Formation Blanco MV		Top Oil/Gas Pay 5621'		Tubing Depth 5958'				
Perforations 5621'-6044'						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	9-5/8"		226'		155 sx (184 cu.ft.)				
8-3/4"	7"		3901'		220 sx (399 cu.ft.)				
6-1/4"	4-1/2"		6140'		255 sx (425 cu.ft.)				

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (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

Actual Prod. Test - MCF/D AOF: 2401 Q=2091	Length of Test 3 hrs.	Bbls. Condensate/MMCF ---	Gravity of Condensate ----
Testing Method (flow, back pr.) Back pressure	Tubing Pressure (Shut-in) 1068	Casing Pressure (Shut-in) 1063	Choke Size 2" X .750"