Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

DISTRICT II P.O. Drawer DD, Artesia, NM 88210	P.O. Bo Santa Fe, New Me						
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWAB						
Coperator	TO THANGI OUT OLEAND WITHOUT GAR			Well API No.			
Northwest Pipeline Cor		30-045-27457					
Address 3539 East 30th Street	- Farmington, NM 8740						
Reason(s) for Filing (Check proper box) New Well	Change in Transporter of:	Other (Please explain)	)				
Recompletion	Oil Dry Gas						
Change in Operator	Casinghead Gas Condensate						
If change of operator give name and address of previous operator			······································				
II. DESCRIPTION OF WELL	AND LEASE					<del></del>	
Lease Name	Well No.   Pool Name, Including Formation			Kind of Lease No.  State( Federal XXX Bex   SF-078460			
San Juan 32-7 Location					<u> </u>		
Unit Letter N	-	South Line and 1830	-		West	Line	
Section 18 Township	p 32N Range 7W	, NMPM,	San Jua	<u>n</u>		County	
	SPORTER OF OIL AND NATU	RAL GAS					
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which	h approved i	copy of this fort	n is 10 de sei	u)	
Name of Authorized Transporter of Casing		Address (Give address to which					
Northwest Pipeline Co		3539 East 30th - Farmington, NM 87 Is gas actually connected? When?				401	
If well produces oil or liquids, give location of tanks.	Unit	is gas actually connected?	Wilea	· · · · · · · · · · · · · · · · · · ·			
If this production is commingled with that	from any other lease or pool, give comming	ling order number:				· · · · · · · · · · · · · · · · · · ·	
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Completion		X	Deepen 1	I full track	MIN NOT		
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D. 3130	n :		
10-25-89 Elevations (DF, RKB, RT, GR, etc.)	11-30-89 Name of Producing Formation	3131 Top Oil/Gas Pay		Tubing Depth			
6413' KB 6400' GR	Basin Fruitland Coal	2950'	3120	3120'			
Perforations				Depth Casing			
2950'-3126'	TURING CASING AND	CEMENTING RECORD	<u> </u>	292	3		
HOLE SIZE	CASING & TUBING SIZE	NG AND CEMENTING RECORD SIZE DEPTH SET		SACKS CEMENT			
12-1/2"	9-5/8"	224'		130			
8-3/4"	7"	2928'		40		abo d	
6-1/4"	5-1/2"	3130 ' 3120 '		Not cemented			
V. TEST DATA AND REQUE	2-7/8" ST FOR ALLOWABLE	3120		J			
	recovery of total volume of load oil and mus	t be equal to or exceed top allow	vable for this	depth or be fo	r full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pur	φ, gas lift, d	uc.)			
Length of Test	Tubing Pressure	Casing Pressure	UE	C de de			
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.	AN2 91	990 MCF L			
GAS WELL		OH	CON				
Actual Prod. Test - MCF/D	Length of Test	Bbis. Condensate/MMCF		Gravity of Co	ondensate		
TSTM Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)		Choke Size	<del></del>		
				<u> </u>			
VI. OPERATOR CERTIFIC	CATE OF COMPLIANCE	OIL CON	SERV	ΔΤΙΟΝ Γ	אוצועוכ	NC	
I hereby certify that the rules and regu					J14		
Division have been complied with an is true and complete to the best of my	Date Approved	Date Approved MAR 0 7 1990					
Carrio Ha	MMON		<u> </u>	s d	1	1,	
Signature Carrié Harmon	Production Assistant	ру	By Sheet				
		(I		MEAD DI	マイロリクチ	42	

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

SUPERVISOR DISTRICT #3

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Tille 327-5351

Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.



Printed Name

1-26-90 Date