DISTRIBUT							
SANTA FE	ION	NEW	MEXICO OIL C	ONSERVA	TION COMMISSION	Form C	-104
L	/		REQUEST				edes Old C-104 and C-1.
FILE	1 -	1		AND	_	Effect	ive 1-1-65
U.5.G.\$.		_ AUTHORIZAT	TION TO TRA	ANSPORT	OIL AND NATUR	AL GAS	
LAND OFFICE						15	
V0446000755	OIL 1	7				/ ** · · · · · · · · · · · · · · · · · ·	` \
TRANSPORTER	GAS /	7					1 1600
OPERATOR		┥			:		2 23,
PROPATION OF	EICE -	-			•		-0. 12. July
Operator	7102		···			<del> </del>	
1 -	tural Gas C	ompany				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	P.A. 3/
Address				<del></del>		<del></del>	<del>(1)2)</del>
	990, Farmin	gton, NM 8740	17			-	AND THE PARTY OF T
1		· ·		· · · · · ·	0.1		
Reason(s) for filing	[X]				Other (Please explain)		
New Well		Change in Transp	$\overline{}$				
Recompletion		011	´Dry Ga				
Change in Ownerst	ip[	Casinghead Gas	Conder	nsate			
If observe of aures	rahia aiya mama						
If change of owne and address of pre							
,							
I. DESCRIPTION	OF WELL AND	LEASE			•		
Lease Name		Well No. Poel No	ame, Including F	ormation	Kind of	Lease	Lease No.
San Juan 2	8-6 Unit	192 Sout	h Blanco I	P. C.	State,(F	ederal)or Fee	SF079363
Location							······································
	Ε	1450 Feet From The	N		970	W	
Unit Letter	;;	Feet From The	Lin	e and	Feet 7	rom The	
1	12 то	waship 27N	Da	6W	NIL (FOL)	Rio Arriba	~···
Line of Section	To To	wnship Z/N	Range		, NMPM,	ATO ATTIDA	County
		mnn an an an					
I. DESIGNATION	OF TRANSPOR	TER OF OIL AND N		S	ina addana an citicat	approved acres of all	form is to be seed
Name of Authorized			·• LXJ		live address to which to		0.001
	tural Gas Co				Box 990, Farm		87401
Name of Authorized	i Transporter of Ca	singhead Gas or I	Ory Gas X	Address (C	ive address to which o	approved copy of this	form is to be sent)
Northwest	Pipeline Co	rporation		P. O.	Box 90, Farmi	ngton, NM 8	37401
			wp. P.ge.		ally connected?	When	
If well produces of give location of tar		E 12	27N 6W			i	
						<u></u>	
		ith that from any other	lease or pool,	give commi	ngling order number		
. COMPLETION I	)ATA	Oil Well	Gas Well	TNew Well	Workover Deepe	Plug Back S	ame Res'v. Diff. Res'v
Designate To	pe of Completi		ı	!	workover Deepe	n Plug Back 3	dile Nes V. Dill. Nes V
Designate 1	pe or complete	1	<u> </u>	X	<u> </u>		
Date Spudded		Date Compl. Ready to	Prod.	Total Dept	h	P.B.T.D.	
06-15-74		09-11-74		3347	·	3336'	
Elevations (DF, RI	(B, RT, GR, etc.,	Name of Producing For	rmation	Top Q11/G	as Pay	Tubing Depth	
6424' GL		Pictured C1	iff	3196		Tubingle	ess
Perforations						Depth Casing	
3106-32121	3234-42	3252-601				3347	
	• J2J4-42•	TUBING	CASING, AND	CEMENT	NG RECORD	1	
0100 0010		CASING & TUE			DEPTH SET	SAC	KS CEMENT
	: C17E	CASING 4 1 0 2	1110 0122				C4
HOLE	SIZE	0 5 (01)		120	······		TI
HOLE 12 1/4"		8 5/8"		129 '		112 cu.	C.
HOLE		2.7/8"		129 ' 3347 '			ft.
HOLE 12 1/4"						112 cu.	ft.
HOLE 12 1/4"		2 7/8" Tubingless		3347'	:	112 cu. 361 cu.	
ноц! 12 1/4'' 7 7/8'' an	d_6_3/4''	2 7/8" Tubingless	(Test must be a)	3347 '	of total volume of loa	112 cu. 361 cu.	
ноц! 12 1/4'' 7 7/8'' an	d_6_3/4''	2 7/8" Tubingless		3347! fter recovery pth or be for	of total volume of loa full 24 hours)	112 cu. 361 cu.	
12 1/4" 7 7/8" an	d 6 3/4" od request f	2 7/8" Tubingless	(Test must be a)	3347! fter recovery pth or be for	of total volume of loa	112 cu. 361 cu.	
HOLE 12 1/4" 7 7/8" an TEST DATA AN OIL WELL	d 6 3/4" od request f	2 7/8" Tubingless OR ALLOWABLE	(Test must be a)	3347! fter recovery pth or be for	of total volume of loa full 24 hours)	112 cu. 361 cu.	
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7 7/8" and Test Data AND OIL WELL Date First New Oil Length of Test	d 6 3/4"  D REQUEST F  Run To Tanks	2. 7/8" Tubingless OR ALLOWABLE	(Test must be a)	3347 !	of sotal volume of loa full 24 hours) Method (Flow, pump, g	d oil and must be equa	
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7 7/8" and Test Data AND OIL WELL Date First New Oil Length of Test	d 6 3/4"  D REQUEST F  Run To Tanks	2. 7/8" Tubingless OR ALLOWABLE Date of Test Tubing Pressure	(Test must be a)	3347!  [ter recovery pth or be for Producing Casing Pre	of sotal volume of loa full 24 hours) Method (Flow, pump, g	d oil and must be equal tas lift, etc.)	
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