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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 <b>Northwest Pipeline Corporation</b>	
Address <b>P.O. Box 90, Farmington, N.M. 87499</b>	
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 \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>San Juan 31-6 Unit</b>	Well No. <b>41</b>	Pool Name, Including Formation <b>Basin Dakota</b>	Kind of Lease <del>XXXX</del> Federal <del>XXXX</del>	Lease No. <b>SP 078995</b>
Location Unit Letter <b>L</b> , <b>1840</b> Feet From The <b>South</b> Line and <b>1050</b> Feet From The <b>West</b> Line of Section <b>29</b> Township <b>31N</b> Range <b>6W</b> , <b>NMFM</b> , <b>Rio Arriba</b> 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 type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<b>Northwest Pipeline Corporation</b>	<b>P.O. Box 90, Farmington, N.M. 87499</b>	
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rge.
		Is gas actually connected? <b>NO</b> When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <b>1-5-83</b>	Date Compl. Ready to Prod. <b>3-6-83</b>	Total Depth <b>8040'</b>		P.B.T.D. <b>8030'</b>				
Elevations (DF, RKB, RT, CR, etc.) <b>6534'KB - 6520' GR</b>	Name of Producing Formation <b>Dakota</b>	Top Oil/Gas Pay <b>7989'</b>		Tubing Depth <b>7983'</b>				
Perforations <b>7989'-8012' 1 SPF Total 24 holes</b>				Depth Casing Shoe <b>8040'</b>				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
<b>13-1/2"</b>	<b>9-5/8"</b>	<b>385'</b>		<b>325 cu.ft C1 "B"</b>				
<b>8-3/4"</b>	<b>7"</b>	<b>3800'</b>		<b>274 &amp; 89 cu.ft C1 B</b>				
<b>6-1/4"</b>	<b>4-1/2"</b>	<b>8040'</b>		<b>542 &amp; 118 cu.ft C1 B</b>				
	<b>2-3/8"</b>	<b>7983'</b>						

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 3-22-83

Actual Prod. Test-MCF/D (AOF 2381MCFD) 283 MCF	Length of Test <b>3 hrs</b>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	<b>2840 psig</b>	<b>2835 psig</b>	<b>2" X .750"</b>

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)  
March 25, 1983  
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 12 1983  
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 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.  
Form C-104 must be filled for each pool in multiply