HO. OF COPIES ACCEIVED			
MOITUEIRTEIC	NEW MEXICO OIL 3	NSERVATION COMMISSION	Form C+104
SANTA FE		TOR ALLOWABLE /	Supersedes Old C-104 and C-1
FILE		AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRAI	SPORT OIL AND NATURA	AL GAS
LAND OFFICE			
OIL		,	
TRANSPORTER GAS			
OPERATOR	API #30-03	9_22763	
PROBATION OFFICE	AF1 #30-03	J-22703	
Operator			
Northwest Pipeline (Corporation		
Address			
P.O. Box 90, Farming			
Reuson(s) for filing (Check proper box)		Other (Please explain)	
New Watt	Change in Transporter of:		•
Recompletion	Ott Dry Gar		
Change in Ownership	Casinghead Gas Conden	sate	
change of ownership give name and address of previous owner.			
DESCRIPTION OF WELL AND I	EASE		
Lease Name	Well-No. Pool Name, including re	WAYAY E	
San Juan 31-6 Unit	5A Blanco Mesa	Verde XXXX	- Sff 078995
Location			
Unit Letter X 2 : 18!	O Feet From The North Lin	e and <u>840</u> Feet	From The West
· · · · · · · · · · · · · · · · · · ·		,	
Line of Section 31 Tow	mship 31N Range	-5W 6 , NMPM,	Rio Arriba County
		_	
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S (Cine address to which	approved copy of this form is to be sent;
Name of Authorized Transporter of Cil	or Condensate X	1	
Northwest Pipeline		P.O. Box 90, Farmi	approved copy of this form is to be sent;
Name of Authorized Transporter of Cas	inghera Gas 🗍 or Dry Gas 🔏 🔻	1	
Northwest Pipeline		P.O. Box 90, Farmi	My ton, 14.14. 07401
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	, when
give location of tanks.	1 1		
If this production is commingled wil	h that from any other lease or pool,	give commingling order numbe	r:
COMPLETION DATA		New Well Workover Deep	
Designate Type of Completic		1	
Designate Type of Complete		Total Depth	P.B.T.D.
Date Spudded	Date Compi, Ready to Prod.	5620'	5550'
6-23-81	7-30-81	Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	1	5454'
6208' GR	Mesa Verde	5088	Depth Casing Shoe
Perforations 5088' - 5513	t		5620'
		o coughting pecopo	
		D CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	2231	115 sx
12-1/4"	9-5/8"		460 sx
8-3/4"		3410' 3214' - 5620'	235 sx
6-1/4"	4-1/2"		
	2-3/8**	54541	and and must be sound to or exceed ton all
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be	after recovery of total volume of k epth or be for full 24 hours)	oad oil and must be equal to or exceed top all
OIL WELL	Date of Test	Producing Method (Flow, pump.	, zas lift, etc.)
Date First New Cil Run To Tanks	Date of . ear	1	
	I Tubina Bearing	Cosing Pressure	Choke Size
Length of Test	Tubing Pressure	/ PENI	
	Oii-Bbls.	Water-Bbla	Gas-MCF
Actual Prod. During Test	Ott-obia.	/ While I	rn /
		1 011070-	004
		AUG181	५४।
	est Date 7-30-81	Bbls. Composite GON. CO	OM. Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	1t mst DIST. 3	
CV 3748 AOF 5317 MCFD	3 hrs	Casing Pressur (Shut-in)	Choke Size
Testing Method (putot, back pr.)	Tubing Pressure (Shut-in)	1092 ps iq	2" X .750"
Back Pressure	1092 psig		SERVATION COMMISSION
CERTIFICATE OF COMPLIAN	CE	OIL CONS	
		400000155	OCT 221 981
I hereby certify that the rules and	regulations of the Oil Conservation	Original Signed	by FRANK T. CHAVEZ
above is true and complete to the	e best of my knowledge and belief		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 AULE 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. Control Type Colleg mine he filed for each need in multiply

(Signature)

(Date)

Production (Tille)

Donna J. Brace

TITLE .