

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROMOTION OFFICE		

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Northwest Pipeline Corporation

Address
P.O. Box 90, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<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

RECEIVED
OCT 15 1984
OIL CONSERVATION DIVISION

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 31-6	Well No. 50	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal xxxxx	Lease No. SF-078995
Location Unit Letter <u>L</u> : <u>1450</u> Feet From The <u>South</u> Line and <u>1190</u> Feet From The <u>West</u> Line of Section <u>31</u> Township <u>31N</u> Range <u>6W</u> , NMPM, Rio Arriba 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)
Northwest Pipeline Corporation	P.O. Box 90, Farmington, New Mexico 87499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	NO

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.

Linda S. Marques B
Linda S. Marques (Signature)
Production and Drilling Clerk
(Title)
10-09-84
(Date)

10-19-84 OIL CONSERVATION DIVISION
APPROVED OCT 19 1984
BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 3
TITLE

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat. tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multi-completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Drill Res'
			X	X					
Date Spudded 07-17-84	Date Compl. Ready to Prod. 9-11-84	Total Depth 7209 KB 7720				P.B.T.D. 7695' KB			
Elevations (DF, RKB, RT, CR, etc.) 6208' KB	Name of Producing Formation Basin Dakota		Top Oil/Gas Pay 7595'			Tubing Depth 7604' KB			
Perforations 7595' - 7611' 7632' - 7646'						Depth Casing Shoe 7709' KB			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"		9-5/8"		533' KB		372 Cu.ft. CI B			
8-3/4"		7"		3440' KB		329 + 89 Cu.ft CI B			
6-1/4"		4-1/2"		7709' KB		564 + 118 Cu.Ft. CI B			
		2-3/8"		7604' KB					

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 Test Date 10-01-84

Actual Prod. Test-MCF/D Q = 1139 MCFD	Length of Test 3 hours	Bbls. Condensate/MMCF --	Gravity of Condensate --
Testing Method (flow, back pr.) Back Pressure	Tubing Pressure (Shut-in) 2810 psig	Casing Pressure (Shut-in) 2810 psig	Choke Size 2" x .750"

1sm