NO. OF COPIES RECEIVED			6
DISTRIBUTION			[
SANTA FE		1	'
FILE		1	سسن
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL.	/	
TRANSFORTER	GAS	7	
OPERATOR		2	
PRORATION OFFICE			

	DISTRIBUTION SANTA FE / FILE / U.S.G.S. LAND OFFICE FRANSPORTER OIL / GAS /	REQUE	IL CONSERVATION COMMISSION IST FOR ALLOWABLE AND TRANSPORT OIL AND NATUR	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65 AL GAS			
1.	OPERATOR V PRORATION OFFICE						
	Operator Northwest Pipeline Corporation						
	P.O. Box 90, Farmington, New Mexico 87401						
	Reason(s) for filing (Check proper box) New Well X Change in Transporter of:						
	Recompletion Change in Ownership	F=3	y Gas				
	If change of ownership give name and address of previous owner						
Ħ.	DESCRIPTION OF WELL AND I	JEASE Well No. Fool Name, Including		Court 1-01			
	Cox Canyon Unit	6A Blanco Mes	sa Verde State,X	E 3087-4			
	Unit Letter 1 ; 1450	Feet From The South	Line and 790 Feet i	From The East			
	Line of Section 16 Tow	nship 32N Range	11W , NMPM,	San Juan County			
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL or Condensate X	GAS Address (Give address to which	approved copy of this form is to be sent)			
Northwest Pipeline Corporati			3539 East 30th, Farm	nington, New Mexcio 87401 approved copy of this form is to be sent)			
	Northwest Pipeline Cor		3539 East 30th, Fari	mington, New Mexico 87401			
	If well produces oil or liquids, give location of tanks.) I I I	No No	1			
IV.	If this production is commingled with COMPLETION DATA						
	Designate Type of Completion	n - (X) OII Well Gas We.	ll New Well Workover Deepa	en Plug Back Same Restv. Diff, Restv.			
	Date Spudded 9-9-76	Date Compl. Ready to Prod. 9-28-76	Total Depth 5802	P.B.T.D. 5756'			
	Elevations (DF, RKB, RT, GR, etc.) 6548 GR	Name of Producing Formation Mesa Verde	Top Oil/Gas Pay 5097 *	Tubing Depth 5647'			
				Depth Cusing Shoe 5798*			
			AND CEMENTING RECORD				
	12 1/4"	9 5/8"	223 *	SACKS CEMENT 115			
	8 3/4"	7"	3630'	200			
	6 1/4"	4 1/2" Liner 2 3/8" Tubing		220			
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 allow						
OII, WELL Date First New Oil Run To Tanks Date of		Date of Test	Producing Method (Flow, pump, p	gas lift, etc.)			
	Length of Test	9-28-76 Tubing Pressure	Flow Casing Pressure	Choke Size			
	Actual Pred, During Tost	Oil-Bbis.	Water - Bbls.	Gae-MCF			
				$\frac{1}{\mathbf{C}(1+r)} \left(\frac{O(1-r)}{\mathbf{C}(1+r)} \right)$			
	GAS WELL						
	1	Length of Test	Bbls. Condensate/MMCF	Cavity of Condensate			
	CV 3591 AOF 11,093 Testing Method (pitot, back pr.)	3 hrs. Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size			
	Back Pressure	592 PSIG	750 PSIG	3/4			
VI.	CERTIFICATE OF COMPLIANC	E	OIL CONSE	RVATION COMMISSION			
	hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		ion APPROVED	, 19			
above is true and complete to the best of my knowledge and belief.		TITLE	TITLE				
			This form is to be file	This form is to be filed in compliance with RULE 1104.			
D.H. Maroncelli (Signature) Production Engineer (Tule) 9-29-76 (Date)		Tasoncellie	If this is a request for	allowable for a newly drilled or despended on partial or despended on partial or deviation of the deviation			
		tests taken on the well in	tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-				
		(e)	able on new and recomplete	ed wells:			
			well name or number, or tran	I. II. III, and VI for changes of owner, sporter, or other such change of condition.			
	D114/1		Separate Forms C-104 completed wells.	must be filed for each pool in multiply			

DHM/ks