NO. OF COPIES RECEIVED	2	
DISTRIBUTION		
SANTA FE	1	
FILE	1	
U.S.G.S.		
LAND OFFICE		
TRANSPORTER OIL	1	
TRANSPORTER GAS	1	
OPERATOR	1	
PRORATION OFFICE		

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-116
Effective 1-1-65

I.

Operator
Northwest Pipeline Corporation

Address
P.O. Box 90, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

New Well	X	Change in Transporter of:	
Recompletion		Oil	Dry Gas
Change in Ownership		Casinghead Gas	Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
San Juan 32-8 Unit	36	North Los Pinos Fruitland	State Federal Fee	SF 07938

Location
Unit Letter G : 1640 Feet From The North Line and 1710 Feet From The East

Line of Section 25 Township 32N Range 8W , NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate X	Address (Give address to which approved copy of this form is to be sent)
Northwest Pipeline Corporation	3539 East 30th, Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas X	Address (Give address to which approved copy of this form is to be sent)
Northwest Pipeline Corporation	3539 East 30th, Farmington, NM 87401

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 nu

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Plug Back	Same Res'v.	Diff. Res'v.
		X	X				

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
10-2-76	11-30-76	4035'	4017'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
7003' GR	Fruitland	3773'	None
Perforations			**Depth Casing Shoe**
3773' to 3829' w/7 shots			4025'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	119'	165
7 7/8"			
6 3/4"	2 7/8"	4025'	345

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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
	11-30-76	Flow	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**

RECEIVED
DEC 6 1976
OIL CON. COM.
DIST. 3

GAS WELL

Actual Prod. Test: MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1049 AOF 1054	3 hrs.		
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Back Pressure	None	1493 PSIG	3/4

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.

D.H. Maroncelli (Signature)

Production Engineer (Title)

12/2/76 (Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 1976, 19

BY Original Signed by A. R. Kendrick

TITLE SUPERVISOR DIST. 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.

Separate Forms C-104 must be filed for each pool in multiply completed wells

kn