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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 Northwest Exploration Company		
Address P.O. Box 90, Farmington, New Mexico 87401		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	NWP WELL FILE
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 Middle Mesa	Well No. 2	Pool Name, including Formation South Los Pinos Fruitland-PC	Kind of Lease XXX, Federal XXXX	Lease No. NM 33052
Location				
Unit Letter <u>J</u> ; <u>1520</u> Feet From The <u>South</u> Line and <u>1640</u> Feet From The <u>East</u>				
Line of Section <u>33</u> Township <u>32N</u> Range <u>7W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 3539 E 30th St., Farmington, New Mexico 87401					
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) 3539 E 30th St., Farmington, New Mexico 87401					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	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.
		X	X					
Date Spudded 6-30-78	Date Compl. Ready to Prod. 8-28-78		Total Depth 3785'		P.B.T.D. 3742'			
Elevations (DF, RKB, RT, GR, etc.) 6687'GR	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 3468'		Tubing Depth 3425'			
Perforations 3468' to 3661'; 18 holes					Depth Casing Shoe 3782'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		136'		90 sks			
6-3/4"	4-1/2"		3782'		195 sks			
-	1-1/2" tbq		3425'		-			

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 8-28-78	Producing Method (Flow, pump, gas lift, etc.) FLOW	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

AUG 31 1978
OIL CON. COM.
DIST. 3

GAS WELL

Actual Prod. Test-MCF/D CV 5462 AOF 12,075	Length of Test 3 hrs	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (Shut-in) 1550 psig	Casing Pressure (Shut-in) 1550 psig	Choke Size 0.750"

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.

Barbara C. Rex
(Signature)
Production Clerk
(Title)
August 29, 1978

OIL CONSERVATION COMMISSION
AUG 30 1978
APPROVED _____
BY _____ and Signed by A. H. Kendrick
TITLE _____ SUPERVISOR

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.