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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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-110
Effective 1-1-65

API # 30-045-24500

Operator Northwest Pipeline Corporation	
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:
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

I. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 32-7	Well No. 72	Pool Name, including Fraction So Los Pinos Pictured Cliffs XXXX	Kind of Lease State, Federal or Foreign XXXXX	Lease No. SF 078543
Location Unit Letter <u>H</u> : <u>1480'</u> Feet From The <u>North</u> Line and <u>830'</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				

I. 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) Northwest Pipeline Corporation P.O. Box 90, 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) Northwest Pipeline Corporation P.O. Box 90, 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:

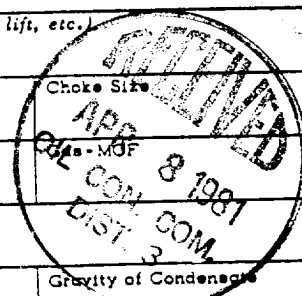
V. COMPLETION DATA

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 11-24-80	Date Compl. Ready to Prod. 4-2-81		Total Depth 3750'		P.B.T.D. 3694'			
Elevations (DF, RKB, RT, GR, etc.) 6675' GR	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 3464'		Tubing Depth Tubingless Completion			
Perforations 3464' - 3644' (Total 11 .37" Holes)					Depth Casing Shoe 3706'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4	8-5/8"		132'		100			
6-1/4"	2-7/8"		3706'		225			

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	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.



GAS WELL 4-2-81 Test Date		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D CV 8470 - AOF 12,568	Length of Test 3 hrs	Casing Pressure (Shut-in) 1491 psig	Choke Size 2" X .750"
Testing Method (piston, back pr.) Back Pressure	Tubing Pressure (Shut-in) Tubingless Completion		

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.

Donna J. Brace
Donna J. Brace (Signature)
Production Clerk
(Title)
April 7, 1981
(Date)

OIL CONSERVATION COMMISSION
APPROVED APR 21 1981, 19____
BY Original Signed by FRANK T. CHAVEZ
TITLE 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 RULE 111.
All sections of this form must be filled out completely for allow-
able 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.
Form C-104 must be filed for each pool in multiphase