#0 04 COP E4 #CCEIVED			SUCCESUATION COMM	SSION	Form C-104	
DISTRIBUTION			CHSERVATION COMMI FOR ALLOWABLE	331014	Supersedes Old C-104 an	d C-11
SANTA FE		REGUEST	AND		Effective 1-1-65	
FILE		. =	· ·	INTURAL CA	<	
U.S.G.S.	AUTHORIZ	ATION TO TRA	MSPORT OIL AND 1	IA I URAL GA		
LAND OFFICE						
TRANSPORT ER OIL						
GAS					-	
OPERATOR			045 04570			
PRORATION OFFICE		API # 30	-045-24579			
Operator						
Northwest	<u>Pipeline Corpora</u>	tion				
Address			:			
P.O. Box 9	90. Farmington, N	.M. 87401	Other (Please	explaini		
Reason(s) for filing (Check pro			Omet It was			
New Well	Change in Tra	<u> </u>			•	
Recompletion	OII	Dry Go	77			
Change in Ownership	Casinghead G	as Conder	nsa:e			
If change of ownership give and address of previous own	name					
. DESCRIPTION OF WELL	AND LEASE			i Kind of Lease	Leas	• No.
Lease Name	Weil-No. Poo	ol Name, including F		1		
San Juan 32-7 U	nit 67	Basin Da	kota	S. zie, XXXXXX	XXXX <u>E-50</u>	2-3
Location	· · · · · · · · · · · · · · · · · · ·					
Unit Letter L	1710 Feet From T	he South -	ne and <u>910</u>	Feet From T	-	
Line of Section 36	Township 32N	Range	7W , NMP	a, San	Juan c	ounty
. DESIGNATION OF TRA	SPORTER OF OIL AR	D NATURAL G	AS			
Name of Authorized Transport	er of Cil or Conde	ensate X			ed copy of this form is to be sen	
1			P.O. Box 90.	Farmington	N.M. 87401 ed copy of this form is to be sen	 -
Northwast Pipel Name of Authorized Transpor	ine Corporation ter of Casinghead Gas	or Dry Gas X	Address (Give address	to which approv	éd copy of this form is to be sen	1)
1			P.O. Box 90.	Farmington	<u>N.M. 87401</u>	
Northwest Pipel	'linit Sec.	Twp. P.ge.	Is gas actually connec	ted? Whe	n.	
If well produces oil or liquids give location of tanks.		į				
give location of tanks.	 		give commingling ord	er number:	•	
If this production is commit	igled with that from any o	ther lease or poor	, give comminging			
V. COMPLETION DATA	011 /		New Well Workover		Plug Back Same Resty. Diff	. Hes
Designate Type of Co	ompletion - (X)	! x	i y i			
	Date Compl. Read		Total Depth		P.B.T.D.	
Date Spudded			8350		8310 '	
1-23-81	Setc. Name of Productr	Eoregion	Top Oil/Gas Pay		Tubing Depth	
Elevations (D.F., RKB, RT, C	,,		8216"		8202'	
6702' GR	Dako	Jta	1 0210		Depth Casing Shoe	
Perforations					8349 !	
8216' -	82/6'		UD CTUENTING DECC	180		
			ND CEMENTING RECO	SET	SACKS CEMENT	
HOLE SIZE		TUBING SIZE			185	
12-1/4"	9-5/8	11	3541		150	
8-3/4"	7"		4019		360	
6-1/4"	4-1/2		8349		300	
	2-3/8	II:	8202			•==-
V. TEST DATA AND REQ			depth or be for full 24 no	W 3 /	and must be equal to or exceed	top at
OIL WELL Date First New Cil Run To	Tanks Date of Test		Producing Method (F.	low, pump, zas i	AFIL.	
Data & ttar, ttem Ctt trans 10					TITHAY	
	Tubing Pressure)	Casing Pressure		Chow Kill	1
Length of Test	,				S CENTRAL LA	+
Daniel Barre	Oii-Bbis.		Water - Bbis.		GMGFUN 4 1981	1
Actual Prod. During Test	1		i e		TOOL TANDON	

Date First New Cil Run To Tanks	Date of Test	bleadered waterd (1 100) bank a	FULLA
Length of Test	Tubing Pressure	Casing Pressure	Chow MLULIVED
Actual Prod. During Test	Oii-Bbis.	Water - Bbis.	GA-MCFUN 4 1981
			OIL CON. COM.
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
CV 594 AOF 598 Testing Method (pitot, back pr.) Back Pressure	3 hrs Tubing Pressure (Shut-in) 2576 psig	Casing Pressure (shut-in) 2576 psig	Choke Size 2" X .750"
Duck 17033d10		OIL CONSER	VATION COMMISSION

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the beat of my knowledge and belief.

Cenna 1 Brace
Donna J. Brace (Gilnature) Production Clerk
(Title)
6-1-81
(Date)

OIL CONSERVATION COMMISSION

JUN 4 - 1987

APPRO	OVED
BY	Original Signed by FRANK T. CHAVEZ
T171 5	SUPERVISOR DISTRICT # ?

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 silow-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, well name or number. Called number for each cool in multiply