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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

API #30-045-25081

| | |
|--|---|
| Operator Northwest Pipeline Corporation | |
| Address P.O. Box 90, Farmington, N.M. 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 Unit | Well No. 76 | Pool Name, Including Formation <i>Gas Pinner Int.</i> Indesignated Pictured Cliffs | Kind of Lease XXX, Federal XXXX | Lease No. SF 078460 |
| Location Unit Letter <u>F</u> ; <u>1520</u> Feet From The <u>West</u> Line and <u>1770</u> Feet From The <u>North</u> Line of Section <u>18</u> Township <u>32N</u> Range <u>7W</u> , NMPM, <u>San Juan</u> County | | | | |

II. 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, N.M. 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, N.M. 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 8-17-81 | Date Compl. Ready to Prod. 1-14-82 | | Total Depth 5805' | | P.B.T.D. 3650' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6395' GR | Name of Producing Formation Pictured Cliffs | | Top Oil/Gas Pay 3250' | | Tubing Depth 3318' | | | |
| Perforations 3250' - 3338' | | | | | Depth Casing Shoe 5805' | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12-1/4" | 9-5/8" | | 204' | | 115 SX | | | |
| 8-3/4" | 7" | | 3705' | | 205 SX | | | |
| 6-1/4" | 4-1/2" | | 3528' - 5805' | | 230 | | | |
| | 1-1/4" | | 3318' | | | | | |

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 | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MMCF |

GAS WELL

| | | | |
|---|--|--|-----------------------------|
| Actual Prod. Test - MMCF/D CV 1462 - AOF 1952 | Length of Test 3 hrs | Bbls. Condensate/MMCF --- | Gravity of Condensate -- |
| Testing Method (pilot, back pr.) Back Pressure | Tubing Pressure (Shut-in) 1537 psig | Casing Pressure (Shut-in) 1437 psig | Choke Size 2" X .750" |

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)
Feb 1, 1982
(Date)

OIL CONSERVATION COMMISSION
3-10 82 MAR 10 1982
APPROVED _____, 19____
BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT #3
TITLE _____

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 Form C-104 must be filed for each pool in multiply