49. OF COPIES BEC	CIVED	:	
DISTRIBUTIO	1		
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OF			

orm C-104
upersedes Old C-104 and C-110
flective 1-1-65

	SANTA FE	T	CONSERVATION COMMISS	NON	Form C-104
	FILE	H KEQUESI	FOR ALLOWABLE		Supersedes Old C-104 and C-110 Ellective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TRA	AND	THO 41 . C.4.5	
	LAND OFFICE	AUTHORIZATION TO TRA	MOPOR! OIL AND NA	TURAL GAS	
	OIL	-			
	TRANSPORTER GAS				
	OPERATOR				
1.	PRORATION OFFICE				
	Operator				
	Northwest Pipelin	e Corporation			
	Address	N.M. 07400			
		ington, N.M. 87499			
	Reason(s) for filing (Check proper box		Other (Please ex	:plainj	
	New Well X	Change in Transporter of:			
	Recompletion	Oil Dry Ga			
	Change in Ownership	Casinghead Gas Conder	isdie		
	If change of ownership give name				
	and address of previous owner				
51	DESCRIPTION OF WELL AND	15155 (16 mm 14))	(000)		
11.	Lease Name	West No. Pool Name, Including F	ormation K	ind of Lease	Lease No.
	Valencia Canyon	1 U <del>nder jaart</del> ed P	ictured Cliffs X	XiX, FederalXXXXX	X SF 079727-A
	Location				
	Unit Letter M	00 Feet From The South Lin	se and 850	Feet From The	West
			_		
	Line of Section 10 To	waship 28N Bange 4	4W , NMPM,	Rio Arriba	County
n.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA		·,·-,	
	Name of Authorized Transporter of Of	or Condensate 🛣	· ·		of this form is to be sent)
	Petro Source Inc.  Name of Authorized Transporter of Ca	singhead Gas or Dry Gas X			City, Utah 84104 of this form is to be sent;
					i i
	El Paso Natural G	Unit Sec. Twp. Bge.	P.O. Box 289, F		1.14. 87499
	If well produces oil or liquids, give location of tanks.	M 10 28 4	NO	; "Hell	
		<u></u>		<del></del>	
		ith that from any other lease or pool,	give commingling order n	umber:	
1 ¥ .	COMPLETION DATA	Ci. Well Gas Well	New Well Workover	Deepen Plug S	Back   Same Resty, Diff. Resty.
	Designate Type of Completi	on = (X) X	Χ	1	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.3.T	.5.
	1-18-81	1-29-82	4720'		4712'
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Off/Gas Pay	Tubing	J Depth
	KB 7382'	Pictured Cliffs	4190'		ingless Comp
	Perforations			1 .	Casing Shoe
	PC 12 .37" holes	from 4190' to 4350'		47	'18' KB
			CEMENTING RECORD	<del></del>	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT
	12-1/4"	8-5/8"	120' KB		150 sx
	6-1/4"	2-7/8"	4718' KB		200 sx
		LOD AT TOWART TO AT THE STATE OF THE STATE O	<u> </u>		
V.	TEST DATA AND REQUEST FOIL WELL	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume opth or be for full 24 hours)	of load oil and musi	s se equal to or exceed top allow-
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flag)	ump, gps lift, etc.)	3
	Length of Test	Tubing Pressure	Casing Pressure	Choke	
				0073119	
	Actual Prod. During Test	Cii-Bbis.	Water-Bbis.	Ggs-1	WCF.
			(	OIL CON.	UIV
			•	DIST. 3	
		PIPELINE CONNECTION			
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	-	ty of Condensate
	Est 30 Testing Method (pitot, back pr.)	48 hrs Tubing Preseure (Shut-in)	2 3 Casing Pressure (Shut-1	3) 4	l° est
		tubingless comp	485	Chose	2"
	Pitot		1		
¥I.	CERTIFICATE OF COMPLIAN	CE	OIL CO	NSERVATION	
			APPROVED	(	OCT 31 1983
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.					
		BY Original Signed by FRANK T. CHAVEZ			
		SUPERVISOR DISTRICT 架 3			
			11		
$\mathcal{A}$				nce with RULE 1104.	
_ Nonna // Yrace			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		
Donna J. Brace (Dienainst) Production Clerk (Title)		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.		
	October 12,	well name or number, or transporter, or other such change of condition.			