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|--|---|--|--|
| DISTRIBUTION | NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 | | |
| SANTA FE | DECLIEST FOR ALLOWARIES Supers | | Supersedes Old C-104 and C-110 Effective 1-1-65 |
| FILE |] | AND | Theather 1-1 03 |
| U.S.G.S. | AUTHORIZATION TO TRAI | NSPORT OIL AND NATURAL G | AS |
| LAND OFFICE | | | |
| OIL | 1 | | |
| TRANSPORTER GAS | 1 | | |
| OPERATOR | 1 | | |
| DRODATION OFFICE | 1 | | |
| Operator | | | |
| Northwest Pipeline | Corporation | | |
| Address | | | |
| P.O. Box 90, Farmin | gton, N.M. 87499 | | |
| Reason(s) for filing (Check proper box | () | Other (Please explain) | |
| New Woll | Change in Transporter of: | | |
| Recompletion | OII Dry Gas | 5 | |
| Change in Ownership | Casinghead Gas Conden | sate | |
| | | | |
| If change of ownership give name and address of previous owner | | | |
| II. DESCRIPTION OF WELL AND | LEASE Well No. Pool Name, Including Fo | ormation Kind of Leas | e. Factoral Lease No. |
| Lease Name | Well No. Pool Name, including to | Truckent (Track part | * Federal NM 012332 |
| San Juan 30-5 Unit | 86 Basin Dakot | id :- AAAAA | MANAA III OILOOL |
| Location | | 1060 - 13 | - South |
| Unit Letter M : 85 | Feet From The West Lin | e and 1060 Feet From | The SOUGH |
| | 2011 | EM SYSY Dia | Arriba County |
| Line of Section 35 To | ownship 30N Range | 5W , NMPM, Rio | AFFIDa |
| | | - | |
| II. DESIGNATION OF TRANSPOR | RTER OF OIL AND NATURAL GA | As Address (Give address to which appro | oved copy of this form is to be sent; |
| Name of Authorized Transporter of O | 11 or Condensate | | |
| | asinghead Gas or Dry Gas X | Address (Give address to which appro | oved copy of this form is to be sent) |
| Name of Authorized Transporter of C | , — | P.O. Box 90, Farmingto | |
| Northwest Pipeline | | | nen |
| If well produces oil or liquids, | Unit Sec. Twp. Age. | NO | |
| give location of tanks. | | | |
| If this production is commingled w | with that from any other lease or pool, | give commingling order number: | |
| IV. COMPLETION DATA | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v |
| Designate Type of Complet | | X : | |
| | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
| Date Spudded | 10-29-83 | 8337' | 8270' |
| 10-3-83 | | Top Ch. Gas Pay | Tuping Depth |
| Elevations (DF, RKB, RT, GR, etc.) | Dakota | 8210' | 8164' |
| 6945' KB - 6933' GR | Da KU Ca | | Depth Casing Shoe |
| 8210'-8220' & 8246' | '-8250' (2SPF) | | 8337.1 |
| 8210 -8220 & 8240 | TURING CASING AN | D CEMENTING RECORD | |
| | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| - HOLE SIZE | 9-5/8" | 387' | 327 cu.ft Cl B |
| 12-1/4" | 7" | 4247' | 263 & 89 cu ft Cl B |
| 8-3/4" | 4-1/2" | 8337' | 532 & 118 cu ft Cl B |
| 6-1/4" | 0.07011 | 916/1 | |
| | TOTAL AT Y OWA DI F. (Tare must be | after recovery of total volume of load o | il and must be equal to or exceed top allo |
| V. TEST DATA AND REQUEST | FUR ALLUWABLE (less must be able for this d | depth or be for full 24 hours) | |
| OII. WELL Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas | lift, etc.) |
| Date Liter Mew Oil War 10 1 mins | | | |
| Table of Table | Tubing Pressure | Casing Pressure | Choke Size |
| Length of Test | | | |
| The American Mark | Oil-Bhis. | Water-Bbis. | Gas-MCF |
| Actual Prod. During Test | | | |
| | | | Taring Control of the |
| | 1 20 93 | | |
| Actual Fred. Test Date 1 | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| i | 1 | - | |
| AOF 2324 MCFD - 341 M | Turing Pressure (Churchin) | Casing Pressure (Shut-1m) | Choxe Size |
| Testing Mathed (pitot, back pr.) | 2700 psig | 2700 psig | 2" X .750" |
| Back Pressure | | OIL CONSERV | VATION COMMISSION 1983 |
| VI. CERTIFICATE OF COMPLIA | INCE | | DEC 21 1983 |
| | | APPROVED | , 19 |
| 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. | | Original Signed by FRANK | I. CHAYEL |
| | | SUPERVISOR DISTRICT # 3 | |
| | | SUPERVISOR DISTRICT # 3 | |

Donna J. Brace Production Clerk

The Hamman at a first the form nowly defined or do to tests taken on the weal in additional transport 111.

Thin form is to be filed in compliance with RULE 1104.

All sections of this form must be filled out completely for allowable on new and recompleted wells. All sections of this form must be initial 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 conditions.

December 9, 1983 dib