40. OF COPIES SEC		:	
DISTRIBUTIO	ЭМ		
SANTA FE			
FILE			
u.s.g.s.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			

Form C+104
Supersedes Old C-104 and C-110
Effective 1-1-65

	DISTRIBUTION SANTA FE FILE		ONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-116 Effective 1-1-65	
	U.S.G.S. LAND OFFICE IRANSPORTER GAS GAS	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	GAS	
1.	PRORATION OFFICE				
	Northwest Pipeline Corpo	oration		GEIVEM	
	P.O. Box 90, Farmington	, N.M. 87499			
	Reason(s) for filing (Check proper box) New Well X		Other (Please explain)	71 2 3 13 63	
	Recompletion	OII Dry Ga		COM. DIV. dist. 3	
	Change in Ownership give name	Casinghead Gas Conden	aue []		
	If change of ownership give name and address of previous owner				
11.	DESCRIPTION OF WELL AND I	EASE Wen No. Fool Name, Including Fo	comution Kind of Lease	Lease No.	
	San Juan 31-6 Unit	39 Basin Dakota	XXXXF edera	-c-XXX SF 078995	
	_	Fret From The North Lin	e and1850 Feet From 1	rhe East	
	Line of Section 28 Town	nship 31N Range 6	5W . NMFM, Rio Ar	rriba County	
И.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Off	ER OF OIL AND NATURAL GA	.S - Audines (Give address to which approv	ved copy of this form is to be sent)	
	Name of Authorized Transporter of Cass Northwest Pipeline Cor		P.O. Box 90, Farmington	n, N.M. 87499	
	If well produces oil or liquids, give location of tanks.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NO		
	If this production is commingled with COMPLETION DATA Designate Type of Completion	Ci. Weil Gas Well	New Weil Workover Deepen	Plug Back Same Resty, Diff, Resty,	
	Date Spudded	Date Compi. Ready to Prod.	Total Depth	P.3.T.D.	
	4-9-83 Elevations (DF, RKB, RT, GR, etc.,	6-3-83 Name of Producing Formation	8Q54 'KB	8035- KB	
	6488' KB 6475 GR	Dakota	7963'	7943 Depth Casing Shoe	
	7963' - 7980' & 8010' -	8018' Total 27 holes 8054'		1	
	401 5 8175	TUBING, CASING, AND	D CEMENTING RECORD	SACKS CEMENT	
	12-1/4"	9-5/8"	352'	321 cu.ft Cl B	
	8-3/4"	7"	3844 '	296 & 89 cu ft Cl B	
	6-1/4"	4-1/2"	8054 '	553 % 118 cu.ft Cl B	
1/	TEST DATA AND REQUEST FO	2-3/8" OR ALLOWARLE (Test must be a	feer recovery of social volume of load oil	and must be equal to or exceed top allow-	
٧.	OII. WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas li		
	Date First New Oil Ada 10 Tanks	Date 01 1 401			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Teat	Oti-Bbis.	Water-Bbis.	Gas • MCF	
,	GAG WOLL To L.D. L. C.	17.00			
	GAS WELL Test Date 6-	Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate	
	(AOF 2470 MCFD) 340 MCF Testing Method (pitot, back pr.)	3 hrs Tubing Pressure (Shut-in)	Caeing Pressure (Shut-in)	Choxe Size	
	Back Pressure	2822 psig	2822 psig	2" X .750"	
VI.	CERTIFICATE OF COMPLIANC	Œ	OIL CONSERVA	ATION COMMISSION	
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complled with and that the information given above is true and complete to the best of my knowledge and belief.		Original Signed by FRANK T. CHAVEZ		
			SUPERVISOR DISTRICT # 3		
Donna J. Brace Production Clerk		This form is to be filed in	compliance with RULE 1104.		
		If this is a request for allowable for a newly drilled or despend			
		tasts taken on the well in acco.	rdance with RULZ 111. ist be filled out completely for allow-		
	June 22, 19	le)	able on new and recomplated we	ells. I. III. and VI for changes of owner.	
			Fill out only Sections I, I	ter or other such change of condition.	

(Date)

: :

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.