Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

) waster						Well API No.					
Operator Northwest Pipeline Corporation						30-039-24522					
Address .								· · · 	· — 		
3539 East 30th Street	- Farr	ningto	n, NM	8740							
Reason(s) for Filing (Check proper box)					U Other	(Please explain	y				
New Well		Change in		() et o(:							
Kecombienon	Dil Gazia aband		Dry Gas Condens								
Cizalge in Operans.	Casinghead	1 UM []	CONGCES								
change of operator give name											
II. DESCRIPTION OF WELL A	ND LEA	SE							·		
ase Name Well No. Pool Name, Including				עעא			Lease No. Federal ok Nex SF 078995				
San Juan 31-6 Unit	#225 Basin Fru				itland Coal			M: 00000 0/444 31 0/0333			
Location	1-0	_		~		161	Λ -	 –	Was+		
Unit Letter	<u>. 153</u>	<u>5</u>	Feet Fro	co. The	Outh Line	and <u>161</u>	. <u>U</u> Fee	t From The	ncst	Line	
Section 31 Township	31N		Range	6W	. NM	ıрм, Ri	o Arrib	a		County	
Section		 									
III. DESIGNATION OF TRANS	PORTE	R OF O	IL ANI	NATUI	RAL GAS			 	····		
Name of Authorized Transporter of Oil or Condensate						Address (Give address to which approved copy of this form is to be sent)					
						and the state of the beautiful to the be					
Name of Authorized Transporter of Casinghead Gas or Dry Gas [Address (Give address to which approved copy of this form is to be sent) 3539 East 30th - Farmington. NM					·-/	
	Northwest Pipeline Corporation				Is gas actually		When		<u> 101</u>		
If well produces oil or liquids, give location of tanks.	it of independ						i	-			
If this production is commingled with that fr					ng order numb	er:					
IV. COMPLETION DATA	,										
	ar.	Oil Well		as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -			L_	X	X J			1		1	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
11-2-89	12-1-89				3053 'KB Top Oil/Gas Pay			3040' KB			
					2957 ¹			2981	Tubing Depth 2021		
6207' GR Basin Fruitland Coal					L331			Depth Casing Shoe			
Perforations 2957'-3008'									•		
TUBING, CASING AND						CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
12-1/4"	9-5/8"			234'			124 sx				
8-3/4"	7"			2917'			405 sx				
6-1/4"	5-1/2"			3053'			50 sx				
V. TEST DATA AND REQUEST FOR ALLOWABLE						2981'		<u> </u>			
V. TEST DATA AND REQUES	I FUK	ALLUW	ADLL	oil and	he equal to as	exceed ton all	owable for thi	s depth or be f	or full 24 hos	ws.) :	
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test						ethod (Flow, pu	mp, gas lift, e	uc.)			
Nate Little And Mare 10 1 and	News OIL TANK								PS	· · · · · ·	
Length of Test	Tubing Pressure				Casing Press	me	D) E	THE PO			
1	<u> </u>						IV	10		<u></u>	
Actual Prod. During Test	Oil - Bbl	L.			Water - Bbis	•	۵۱.	JANI 2 1990			
				<u> </u>							
GAS WELL							OIL	CON.	אוע		
Actual Prod. Test - MCDD	Length of Test				Bbis. Conder	nsate/MMCF		DIST. 03	Condensale	3.	
					Carina	nim (Chiat !al		Choke Size			
Testing Method (piot, back pr.)	Tubing Pressure (Shut-in) 580#				Casing Pressure (Shut-in) 780#			CIOLE SILE			
Backpressure	<u> </u>				1			_1			
VI. OPERATOR CERTIFICATE OF COMPLIANCE						OIL CONSERVATION DIVISION					
I hereby certify that the sules and regulations of the Oil Conservation Division have been emplied with and that the information given above											
is true and complete to the best of my knowledge and belief.					Date Approved FEB 1 3 1990						
						a whhinas					
Mile Hainer							3.) A	·		
Signature Carrie Harmon Prod. Assistant											
Printed Name Title						_	SUPER	VISOR DI	STRICT	#3	
1-11-90 505/327-5351					Title						
Date		T	elephone	No.							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request furallowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordangle by tabulation tests take
- with Rule IBI.

 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out and Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate From C-104 must be filed for each pool in multiply completed wells.