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Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Northwest Pipeline Corporation		Well API No. 30-039-24556
Address 3539 East 30th Street - Farmington, NM 87401		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> 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 Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 31-6 Unit	Well No. 230	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Other	Lease No. SF 078999
Location Unit Letter <u>A</u> : <u>1285</u> Feet From The <u>North</u> Line and <u>880</u> Feet From The <u>East</u> Line Section <u>27</u> Township <u>31N</u> Range <u>6W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
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	3539 E. 30th - Farmington, NM					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 27	Twp. 31N	Rge. 6W	Is gas actually connected?	When?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. 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 11-12-89	Date Compl. Ready to Prod. 2-14-90		Total Depth 3252' KB			P.B.T.D. 3235' KB		
Elevations (DF, RKB, RT, GR, etc.) 6333' KB 6320' GR	Name of Producing Formation Basin Fruitland Coal		Top Oil/Gas Pay 3038'			Tubing Depth 3209'		
Performances 3038'-3198'						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
13-1/2"	9-5/8"		243'			120		
8-3/4"	7"		3016'			415		
6-1/4"	5-1/2"		3250'			50		
	2-7/8"		3209'					

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 Tank	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 - MCF
		MAR 08 1990	

GAS WELL

Actual Prod. Test - MCF/D TSTM	Length of Test	Bbls. Condensate/MMCF	OIL CON. DIV DIST. 3
Testing Method (pilot, back pr.) Pilot	Tubing Pressure (Shut-in) TSTM	Casing Pressure (Shut-in) TSTM	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Carrie Harmon  
Signature  
Carrie Harmon Prod. Assistant  
Printed Name  
3-8-90 Title  
327-5351  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 19 1990

Original Signed by CHARLES GHOLSON

By  
Title DEPUTY OIL & GAS INSPECTOR, DIST. 3

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

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.