DISTRIBUTION SANTA FE / FILE / U.7 3.5. LAND OFFICE		CONSCRIVATION COMMISSIC FOR ALLOWABLE AND ANSPORT OIL AND NAT	Supersedes Old C-10s and C Elfective 1-1-65	-11
IRANSPORTER OIL / GAS / OPERATOR / PRORATION OFFICE Cperator			· · · · · · · · · · · · · · · · · · ·	
Horthwest Pipeline	Corporation			
		87401		
Reason(s) for I ling (Check proper box	Change in Transporter of:	Other (Please expl	ain)	
Recompletion Change in Ownership	Oll Dry G			
If change of ownership give name and address of previous owner		ya-	ermington, New Mexico 87101	
DESCRIPTION OF WELL AND			•	
San Juan 32-8 Unit	Well No. Pool Name, Including F 26 Blanco Me	i	of Lease Lease No. Federal or Fee E-1204-3	
Unit Letter 15 ; 11	50 Feet From The South Lir	ne and 845 Fe	et From The West	_
Line of Section 76 · To	wnship 3177 Range	<u>8</u> 7 , nmpm, 1	tio Arriba County	,
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	ıs		
Name of Authorized Transporter of Oil Northwest Pipeline Name of Authorized Transporter of Cas El Paso Natural Gas	or Condensate 7 Corporation Singhead Gas 7 or Dry Gas 7	Address (Give address to white Sol Airport Drive Address (Give address to white Box 990, Farmingt	ch approved copy of this form is to be sent), Farmington, New Mexico 874 ch approved copy of this form is to be sent) on, New Mexico 87401.	01
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. M 16 31N 8W	is gas actually connected?	When	
If this production is commingled with COMPLETION DATA	th that from any other lease or pool,		epen Plug Back · Same Resty. · Diff. Res	
Designate Type of Completic	on – (X)			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations		L	Depth Casing Shoe	
HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	\exists
				\exists
TEST DATA AND REQUEST FO	DR ALLOWABLE (Test must be a able for this de	fter recovery of total volume-of pth or be for full 24 hours)	i load oil and must be equal to or exceed top allo	 w•
OIL WELL Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pum	o, gas lift, etc.)	٦
Length of Test	Tubing Pressure	Casing Pressyra	Choke Size	\dashv
Actual Prod. During Test	Cil-Bbis.	Water-Bbl.	Gas • MCF	_
Actual Floar During 100.		1 1 .	1974	
GAS WELL		OIL CON.		
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condenses/Miss.	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size	
CERTIFICATE OF COMPLIANCE	Œ	OIL CONS	ERVATION COMMISSION	
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 beat of my knowledge and belief.		BY Original Signed by A. R. Kendrick PETROLEUM ENGINEER DIST. NO. 3		
(Signature) (Title)		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despend well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable on new and recompleted wells.		
(Date)		Fill out only Section well name or number, or to	as I. II. III. and VI for changes of owner anaporter, or other such change of conditional and the such conditional to multip	n.