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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104

Supersedes Old C-104 and C-110

Effective 1-1-65

Operator Northwest Pipeline Corp.	
Address P.O. Box 90 Farmington, N.M. 87401	
Reason(s) for filing (Check proper box)	
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 Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner _____

III. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 32-7	Well No. 71	Pool Name, Including Formation Blanco Mesa Verde	Kind of Lease State , Federal Lease	Lease No. SF-078998
Location				
Unit Letter <u>C</u> ; <u>1040</u> Feet From The <u>north</u> Line and <u>1550</u> Feet From The <u>west</u>				
Line of Section <u>9</u> Township <u>31N</u> Range <u>7W</u> , NMM, San Juan County				

IV. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Northwest Pipeline Corp. P.O. Box 90 Farmington, N.M. 87401	
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 Corp. P.O. Box 90 Farmington, N.M. 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? When	

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

V. 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 10-29-80	Date Comp. Ready to Prod. 5-28-81	Total Depth 5990'	P.B.T.D. <u>5912</u> <u>6110</u>					
Elevations (DF, RKB, RT, GR, etc.) 6571' GB	Name of Producing Formation Mesa Verde	Top Oil/Gas Pay 5279'	Tubing Depth 5744'					
Perforations 32 holes 5279'-5896'			Depth Casing Shoe 5990'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	9-5/8"	223'	220					
8-3/4"	7"	3857'	175					
6-1/4"	4-1/2"	3653'-5990'	235					
	2-3/8"	5744'						

VI. 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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL Test date 5/28/81

Actual Prod. Test-MCF/D CV 3096 AOF 4541	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 920 psig	Casing Pressure (Shut-in) 932 psig	Choke Size 2" x.750"

VII. CERTIFICATE OF COMPLIANCE

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.

OIL CONSERVATION COMMISSION	
JUL 3 - 1981	
APPROVED _____	Original Signed by FRANK T. CHAVEZ
BY _____	SUPERVISOR DISTRICT # 3
TITLE _____	

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

If this is a request for allowable for a newly drilled or deepened 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.

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. Separate Form C-104 must be filed for each pool in multiple

Donna J. Brace
(Signature)
Donna J. Brace
(Title)
6-24-81
(Date)