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U.S.G.S.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PRORATION OFFICE

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

API #30-045-24541

Operator
 Northwest Pipeline Corporation

Address
 P.O. Box 90, Farmington, N.M. 87401

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: Dry Gas *NPC*

Recompletion Oil Casinghead Gas Condensate

Change in Ownership

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 32-8 Unit	Well No. 12A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease XXX , Federal XXX	Lease No. SF 079029
Location Unit Letter <u>E</u> ; <u>1820</u> Feet From The <u>North</u> Line and <u>790</u> Feet From The <u>West</u>				
Line of Section <u>21</u> Township <u>31N</u> Range <u>8W</u> , NMPM, <u>San Juan</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) 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"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, 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

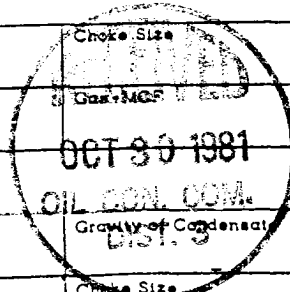
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
		X	X					
Date Spudded 2-11-81	Date Compl. Ready to Prod. 6-24-81	Total Depth 8169'	P.B.T.D. 6148					
Elevations (DF, RKB, RT, GR, etc.) 6583	Name of Producing Formation Mesa Verde	Top Oil/Gas Pay 5361'	Tubing Depth 5760'					
Perforations MV - 5361' - 5874'	Depth Casing Shoe 8169'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	10-3/4"	367'	250 sx					
8-3/4"	7"	3969'	315 sx					
6-1/4"	5-1/2"	8169'	125 sx					
	1-1/4"	5760'	-					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL Test Date 6-24-81.

Actual Prod. Test-MCF/D CV 1304 AOF 3110 MCFD	Length of Test 3 hrs	Bbls. Condensate/MMCF
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 700 psig	Casing Pressure (Shut-in) 702 psig



VI. 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.

Donna J. Brace
 Donna J. Brace (Signature)
 Production Clerk
 (Title)
 10-16-81
 (Date)

OIL CONSERVATION COMMISSION
 OCT 30 1981
 APPROVED _____
 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