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Production Clerk

Jan 25, 1982

(Title)

Dates

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NEW MEXICO DIL CONSERVATION COMMISSION Supersedes Old C-104 and C-110 Ellective 1-1-65 REQUEST FOR ALLOWABLE 2×0 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS API # 30-045-25125 Operator Northwest Pipeline Corporation Address P.O. Box 90, Farmington, New Mexico 87401 Reason(s) for filing (Check proper box) Other Please explaint XXI Change in Transporter of: Recompletion Dry Gas Change In Ownership Castnahead Gas Condensate If change of ownership give name and address of previous owner. DESCRIPTION OF WELL AND LEASE en No.; Pool Name, Including Formation Kind of Lease € € San Juan 32-8 Unit 7A Blanco, Mesa Verde NM-03402 Lecation Unit Letter D Feet From The North Line and 870 22 31N 8W . NMPM. San Juan Township Range County Line of Section DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS or Condensate XX Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Cil Northwest Pipeline Corporation P.O. Box 90, Farmington, New Mexico 8740]
Actrees (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas XX Northwest Pipeline Corporation P.O. Box 90, Farmington, New Mexico 87401 Unit P.ge. is gas actually connected? Twp. Sec. give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order numbers COMPLETION DATA Same Resty. Diff. Resty. Workover Deepen Gas Weil New Well Plug Back Cil Well Designate Type of Completion - (X) XX Date Compl. Ready to Prod. Total Depth P.B.T.D. Date Spudded 5836' 11-20-82 1-22-82 58801 vations (DF, RKB, RT, GR, etc.) 6527 GR Tubing Depth Top Oil/Gas Pay Name of Producing Formation 5680 Mesa Verde 5326 Depth Casing Shoe Perforations 5326' - 5800' 5878' TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE 115 12-1/4" 227' 9-5/8" 3760**'** 215 8-3/4" 357<u>6' - 5878'</u> 230 6-1/4" 4-1/2" 5680' 2-3/8" 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) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Cil Run To Tanks Cosing Preseure Choke Size Tubing Pressure Length of Test Water - Bbis. Gas - MCF Actual Prod. During Test Oil-Bbla. GAS WELL Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test-MCF/D Length of Test CV 2009 - AOF 3324 MCFD 3 hrs Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) 530 psia Back Pressure <u>530 psig</u> OIL CONSERVATION COMMISSION CERTIFICATE OF COMPLIANCE APPROVED_ I hereby certify that the rules and regulations of the Oil Conservation By Original Signed by FRANK T. CHAVEZ Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief. SUPERVISOR DISTRICT 3 3 This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despensed omma Donna J. Brace

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 sllow-able on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of owner, ill name or number, or transporter, or other such change of condition. m course T mg Color must be filed for each noof in multiply