			
NO. OF CHESE'S SECTIVED			
DETRIBUTION			
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FILE		,	
0,\$,6,\$.			
LAND OFFICE]	
TRANSPORTER	OIL.	/]
	GAS		
OPERATOR		1	
PROBATION OFFICE		l	

	DESTRIBUTION SANTA FF FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE	REQUEST F	NSERVATION COMMISSION OR ALLOWABLE AND ISPORT OIL AND NATURAL GA	Point C-104 Supersedes Old C-104 and C-110 Effective 1-1-65			
1.	Northwest Pipeline Corporation						
501 Airport Drive, Farmington, New Mexico 87401							
	Reason(s) for filing (heck proper bix)	oson(s) for filing (Check proper bas)					
New Well Change in Transporter of: Becompletion Dry Gas (C)							
Change in Ownership Casinghead Gas Condensate X							
	If change of ownership give name [1] and address of previous owner	Paso Natural Gas Company	y, PO Box 990, Farmington	, New Mexico 87401			
I.	DESCRIPTION OF WELL AND L	.EASE. Well No. Fool Name, Including For	rmation Kind of Lease	Lean tio.			
	San Juan 32-7 Unit	L3 Blanco Mesa Ve	erde State, Mederal c	r Fee SF 078976			
Location Unit Letter I : 2225 Feet From The South Line and 1:00 Feet From The East				. East			
		mahip 31N Range 70	O Trans	County			
ſΙ.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which approve	d capy of this form is to be sent)			
	Name of Authorized Transporter of Cil Northwest Pipeline	e Corporation	501 Airport Drive, Farm	ington, New Mexico 87401			
	Name of Authorized Transporter of Cast Northwest Pipeline	inghead Gas [] or Dry Gas X	Address (Give address to which approve 501 Airport Drive, Farm	lington, New Mexico 87401			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Page. I 5 3IN 7W	Is gas actually connected? When				
	If this production is commingled with	th that from any other lease or pool, g	give commingling order number:				
V.	Designate Type of Completio	0.1	New Well Workover Deepen	Plug Back Same Resty, Diff, Braty,			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Elevations (DF, KKB, RT, GR, etc.)	Name of Producing Formation	Top Otl/Gas Pay	Tubing Depth			
				Depth Casing Shoe			
	Perforations						
TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET				SACKS CEMENT			
3/	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 to prove the second top allowable for the depth or be for full to prove the second top allowable for the sec						
٠	OH. WELL Date First New Oil Run To Tanks	able for this de	Producing Notice I low, papp, can life	, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure JAN 2 8 107A	Choke Size			
	Actual Prod. During Test	O(1-Bbls.	Water-Ball CON. COM.	Gas • MCF			
			DIST. 3				
	GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate			
	Actual Prod. Test-MOF/D	Length of Test					
	Teating Method (pitot, back pr.)	Tubing Pressure (fhut-in)	Casing Prossure (Shut-in)	Choke Size			
V	L CERTIFICATE OF COMPLIAN	CE	EED 7	TION 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 best of my knowledge and helicf.		APPROVED				
			BY Original Signed by A. R. R. S.				
	,, <u> </u>	AHAECCV	the form is to be filed in t	compliance with RULE 1104.			
ORIGINAL SIGNED BY R. L. MAHAFFEY (Signature) (Title)			If this is a request for allowable for a newly drilled or despensed 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 factions I. II, III, and VI for changes of emoining well name or number, or transporter, or other such change of conditions.				
						Separate Forms C-104 must be filed for each pool in unity, a completed wells.	