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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

Change
~~Gas~~ GAS TRANSPORTER

from APC

Operator Northwest Pipeline Corporation	
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 checked="" 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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Holt	Well No. 2	Pool Name, Including Formation Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No. NM 010910
Location				
Unit Letter 0	1015	Feet From The south	Line and 1720	Feet From The east
Line of Section 19	Township 32N	Range 11W	, NMPM, San Juan County	

III. 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? yes
		When 12-6-74

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

IV. 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 7-1-74	Date Compl. Ready to Prod. 7-11-74	Total Depth 3360'	P.B.T.D. 3350'					
Elevations (DF, RKB, RT, GR, etc.) 6600' GL	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 3190'	Tubing Depth -					
Perforations 3194' - 3242'			Depth Casing Shoe 3356'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-3/4"	8-5/8"	107'	90 sacks					
6-3/4"	2-7/8"	3356'	160 sacks					

V. 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 Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D CV-3437 MCF/D 3832 MCFD	Length of Test 3 hours	Bbls. Condensate/MCF -	Gravity of Condensate -
Testing Method (pitot, back pr.) one point potential	Tubing Pressure (shut-in)	Casing Pressure (shut-in) 1039 psia	Choke Size 3/4"

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.

O.B. Whitenburg
Production & Drilling Engineer

December 6, 1974

(Date)

OIL CONSERVATION COMMISSION

APPROVED

DEC 6 1974

Original Signed by Jerry G. Arnold

SUPERVISOR DIST. #2

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.

Form C-104 must be filed for each pool in multiply