The second second second		-	
DISTRIBUTION			
SANTA FE			
FILE			500
u.s.g.s.		<u> </u>	
LAND OFFICE		1	
TRANSPORTER	OIL	- /	
	GAS	1	
OPERATOR			
PROBATION OFFICE			

SANTA FE	REQUES	REQUEST FOR ALLOWABLE AND REQUEST FOR ALLOWABLE AND Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65		
U.S.G.S. LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
TRANSPORTER OIL GAS				
OPERATOR PROHATION OFFICE				
Operator				
Northwest Pipelin	e Corporation	•		
501 Airport Drive Reason(s) for Hing (Check proper	, Farmington, New Mexico	87401 Other (Please expla		
New Well Recompletion	Change in Transporter of:			
Change in Ownership	OII Dry Casinghead Gas Conc	Gas		
If change of ownership give name and address of previous owner	e El Paso Natural Gas	Company, Box 990, Fa	rmington, New Mexico 87401	
- DESCRIPTION OF WELL AN	ID LEASE. Well No. Pool Name, Including	Formation Kind	of Lease	
San Juan 29-6 [1 1	,	(Federa) or Fee SF 080146	
Unit Letter B ;	990 Feet From The South L	ine and 1650 Fee	t From The West	
Line of Section 34	Township 29NRange	6W , NMPM,	Rio Arriba _{County}	
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G	AS		
Name of Authorized Transporter of Northwest Pipeline	Oil or Condensate X	Address (Give address to which	Reproved copy of this form is to be sent)	
	Casinghead Gas or Dry Gas 🛴	501 Airport Drive, Farmington, New Mexico 87401 Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	n, New Mexico 87401	
give location of tanks.	B 34 29 6	·		
COMPLETION DATA	with that from any other lease or pool			
Designate Type of Comple	tion - (X)	New Well Workover Deep	pen Plug Back Same Res'v. Diff. Res'v.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.	, Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
	TUBING, CASING, AN	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
TEST DATA AND REQUEST :	FOR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of loce spin or be for full 24 hour	ad oil and aust be equal to or exceed top allow-	
Date First New Oil Run To Tanks	Date of Test	Preducing Method (Flow Art rook)	gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure JAN 2.2 1974oke Size		
Actual Prod. During Test	Oil-Bble.	1	N. COM. MCF	
		DIS	T. 3	
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Phile Condenses ONICE		
		Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
CERTIFICATE OF COMPLIANCE		OIL CONSE	RVATION 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 belief.		APPROVED FFB 7 1974		
		Original Signed by A. R. Kendrick		
		TITLE PETROLEUM EN	GINEER DIST. NO. 3	
GARGINAL EMETER LET PLL MAHAFFFY		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despensed		
(Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111.		
Title)		All sections of this form must be filled out completely for allowable on new and recompleted wells.		
(Date)		well name or number, or trans	I, II, III, and VI for changes of owner, sporter, or other such change of condition.	
		To sente Tompa Colon	must be filed for much noof in multiply	