DISTRIBUTION SANTA FE FILE	1	CONSERVATION COMMI FOR ALLOWABLE AND	5SION	Form C+104 Supersedes Old C-104 and C-11 Effective 1-1-65	
U.S.G.S. LAND OFFICE IRANSPORTER OIL / GAS / OPERATOR / PROBATION OFFICE	AUTHORIZATION TO TRA	INSPORT OIL AND N	ATURAL GAS		
Northwest Pipeline	e Corporation				
Address 501 Airport Drive Reason(s) for filing (Check proper box, New We!! Recompletion	, Farmington, New Mexico Change in Transporter of: Oil Dry Go	Other (Please	explain)		
Change in Ownership X	Casinghead Gas Conder	nsate X			
If change of ownership give name pand address of previous owner	l Paso Natural Gas Compa	ny, PO Box 990, I	Farmington, 1	New Mexico 87401	
DESCRIPTION OF WELL AND Lease Name San Juan 29-6 Unit	Well No. Pool Name, Including F 81 Basin Dak	i	Kind of Lease State, Fēğeral or Fe	Lease No. MI 012671	
Location Unit Letter L : 16	75 Feet From The South Lir	ne and 1190	_ Feet From The	West	
Line of Section 25 Tov	vnship 29N Range	6W , NMPM,	Rio Arriba	l County	
Northwest Pipeline	e Corporation	Address (Give address to 501 Airport Dr	ive, Farming	py of this form is to be sent) aton, New Mexico 8740	
Name of Authorized Transporter of Cas Northwest Pipeline	singhead Gas Or Dry Gas X			gton, New Mexico 8740	
If well produces oil or liquids, give location of tanks.	Unii Sec. Twp. Pge.	Is gas actually connected? When			
If this production is commingled wit	th that from any other lease or pool,	give commingling order	number:		
Designate Type of Completion	on - (X) Gas Well	New Well Workover	Deepen Pluq	Back Same Resty. Diff, Resty	
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	Tub	ing Depth	
Perforations			Dep	th Casing Shoe	
	TUBING, CASING, AN	CEMENTING RECOR)		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	т	SACKS CEMENT	
Y. TEST DATA AND REQUEST FOOL WELL		fter recovery of total volumenth or be for full 24 hours.		ust be equal to or exceed top allow	
Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow	V.P. D'life, etc.	,	
Length of Test	Tubing Pressure	Casing Pressure	Cho	ke Size	

Water-ROOIL CON. COM. Gae - MCF Oil-Bbls. Actual Prod. During Test DIST. 3

GAS WELL Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test-MCF/D Length of Test Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.)

I. 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.

ORIGINAL	SIGNED	BY	R.	L.	MAHAFFEY
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 (Signature)	
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 (Title)	
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 Dates	

OIL CONSERVATION COMMISSION

APPROVED. Original Signed by A. R. Kendrick

PETROLEUM ENGINEER DIST. NO 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 NULE 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 Forms C-104 must be filed for each pool in multiply completed wells.