

**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

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL <input type="checkbox"/> GAS <input type="checkbox"/>
OPERATOR	
PRODUCTION OFFICE	

**I. OPERATOR**

Operator: Northwest Pipeline Corporation

Address: 501 Airport Drive, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change in Transporter of:

Recompletion  Oil  Dry Gas

Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner: El Paso Natural Gas Company, Box 990, Farmington, New Mexico 87401

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>San Juan 29-5 Unit 1</u>	Well No. <u>40</u>	Pool Name, including Formation <u>Blanco Mesa Verde</u>	Kind of Lease State, Federal or <u>FX</u>	Lease No. Fee
Location				
Unit Letter <u>G</u>	<u>1650</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u>			
Line of Section <u>23</u>	Township <u>29N</u>	Range <u>5W</u>	<u>NMPM, Rio Arriba</u> 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"/> <u>Northwest Pipeline Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>501 Airport Drive, Farmington, New Mexico 87401</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 990, Farmington, New Mexico 87401</u>
If well produces oil or liquids, give location of tanks.	Unit <u>G</u> Sec. <u>23</u> Twp. <u>29N</u> Rge. <u>5W</u>
Is gas actually connected? <input type="checkbox"/> When _____	

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)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Restv.	<input type="checkbox"/> Diff. Restv.
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							

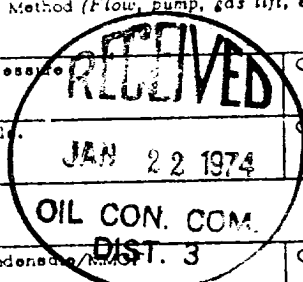
**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**V. 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**

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

**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.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

**OIL CONSERVATION COMMISSION  
FEB 7 1974**

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY Original Signed by Emery C. Arnold

TITLE SUPERVISOR DIST. #3

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