DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 Supersedes Old C+104 and C+110 Effective 1-1-65 S' ATA FE REQUEST FOR ALLOWABLE FILE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS U.S.G.S. LAND OFFICE OIL FRANSPORTER GAS OPERATOR PRORATION OFFICE Cperator Northwest Pipeline Corporation 501 Airport Drive, Farmington, New Mexico 87401 Other (Please explain) Reason(s) for liling (Check proper box) Change in Transporter of: New Well Dry Gas Ott Recompletion Condensate X Casinahead Gas Change in Ownership If change of ownership give name El Paso Natural Gas Company, PO Box 990, Farmington, New Mexico 87401 and address of previous owner_ DESCRIPTION OF WELL AND LEASE | Well No. | Pool Name, Including Formation Kind of Lease State, Federal or Fee San Juan 29-6 Unit 76 Basin Dakota Location West Feet From The South Line and 1150 <u>:_880</u> Feet From The Unit Letter_ , NMPM, Rio Arriba Township 29N Range Line of Section 23 DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil 501 Airport Drive, Farmington, New Mexico 87401 Northwest Pipeline Corporation Address (Give address to which approved copy of this form is to be sent) or Dry Gas X Name of Authorized Transporter of Casinghead Gas 501 Airport Drive, Farmington, New Mexico 8740 Northwest Pipeline Corporation Is gas actually connected? When P.ge. Unit Sec. Twp. If well produces oil or liquids, give location of tanks. 29N , 6W 23 Ν If this production is commingled with that from any other lease or pool, give commingling order number: Same Res'v. Diff. Res'v. COMPLETION DATA Plug Back Workover Oil Well Gas Well New Well Designate Type of Completion - (X) P.B.T.D. Total Depth Date Compl. Ready to Prod. Tubing Depth Top Oil/Ga- Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc., Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tanks Choke Size Casing Press Tubing Pressure Length of Test Gas - MCF Water . Bals. Oil - Bbls. Actual Pred. During Test JAN 22 1974

GAS WELL

Actual Prod. Test-MCF/D

Testing Method (pitot, back pr.)

110

1. CERTIFICATE OF COMPLIANCE

OIL CONSERVATION COMMISSION

Gravity of Condensate

Choke Size

OIL CON. COM.

Cate DIST. 3

Cosing Pressure (Shut-in)

Bbls. Conden

Length of Test

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 P. L. MAHAFEEY

(Signature)

(Title)

(Date)

Tubing Pressure (Shut-in)

Lease No.

County

078284

1974 R. Kendrick APPROVED_ Original Signed by A. BY

PETROLEUM ENGINEER DIST.

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despened 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, rell 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.