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LAND OFFICE	
TRANSPORTER	OIL /
	GAS /
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Northwest Pipeline Corporation

Address
P. O. Box 90: Farmington, New Mexico 87401

Revisor(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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
San Juan 29-6 Unit	6	Blanco Mesa Verde	State, Federal or Fee	NM 03040
Location				
Unit Letter K	1650	Feet From The South	Line and 1650	Feet From The West
Line of Section 21	Township 29N	Range 6W	, NMPLM, Rio Arriba 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"/>	Address (Give address to which approved copy of this form is to be sent)			
Northwest Pipeline Corporation	P. O. Box 90: Farmington, New Mexico 87401			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Northwest Pipeline Corporation EPNB	P. O. Box 90: Farmington, New Mexico 87401			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	K	21	29N	6W

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

IV. COMPLETION DATA

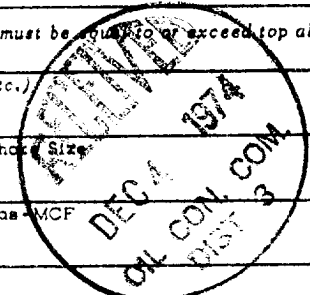
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X			X	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
	6-18-74	5729	5694					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
6405 DF	Mesa Verde	5110	5528					
Perforations	Depth Casing Shoe							
5110-5648								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	10-3/4		188		125			
8-3/4	7		4926		250			
6-1/8	4-1/2		5729		125			
	2		5528					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be sufficient to 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
CV2757 CAOF-5146	3 hrs		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
1 point back pressure	808	809	.750



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.

R. E. Fielder
(Signature)
Production Engineer
(Title)
12-3-74
(Date)

OIL CONSERVATION COMMISSION
DEC 4 1974
APPROVED _____
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