

3-M. M. Oes Antec
1-L. G. Eruby
1-M. R. Johnston
2-File
2-Phillips Petroleum Co.

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-122

Revised 12-1-55

MULTI-POINT BACK PRESSURE TEST FOR GAS WELLS

Pool Blanco N. M. Formation Mesa Verde County Rio Arriba
Initial XX Annual _____ Special _____ Date of Test 4-23-57
Company Pacific Northwest Pipeline Corp Lease San Juan 29-5 Well No. 27-19
Unit B Sec. 19 Twp. 29 N Rge. 5 W Purchaser Pacific Northwest Pipeline Corp
Casing 5 1/2 Wt. _____ I.D. _____ Set at 5925 Perf. 5350 To 5878
Tubing 2 3/8 Wt. _____ I.D. _____ Set at 5861 Perf. _____ To _____
Gas Pay: From _____ To _____ L _____ xG .650 -GL _____ Bar.Press. 12
Producing Thru: Casing _____ Tubing XX Type Well _____
Date of Completion: _____ Packer _____ Reservoir Temp. _____
Single-Bradenhead-G. G. or G.O. Dual

OBSERVED DATA

Tested Through (Prover) (Choke) (Meter) Type Taps _____
Shot in 7 days

Flow Data						Tubing Data		Casing Data		Duration of Flow Hr.
No.	(Prover) (Line) Size	(Choke) (Orifice) Size	Press. psig	Diff. h _w	Temp. °F.	Press. psig	Temp. °F.	Press. psig	Temp. °F.	
SI										
1.						<u>1113</u>	<u>66°</u>	<u>1118</u>		
2.						<u>32.3</u>		<u>812</u>		<u>3</u>
3.										
4.										
5.										

FLOW CALCULATIONS

No.	Coefficient (24-Hour)	$\sqrt{h_w P_f}$	Pressure psia	Flow Temp. Factor F _t	Gravity Factor F _g	Compress. Factor F _{pv}	Rate of Flow Q-MCFPD @ 15.025 psia
1.							
2.	<u>12.3650</u>		<u>335</u>	<u>.9943</u>	<u>.9608</u>	<u>1.032</u>	<u>4084</u>
3.							
4.							
5.							

PRESSURE CALCULATIONS

Gas Liquid Hydrocarbon Ratio _____ cf/bbl.
Gravity of Liquid Hydrocarbons _____ deg.
F_c _____ (1-e^{-s}) _____
Specific Gravity Separator Gas _____
Specific Gravity Flowing Fluid _____
P_c 1130 P_c 1276.9

No.	P _w P _t (psia)	P _t ²	F _c Q	(F _c Q) ²	(F _c Q) ² (1-e ^{-s})	P _w ²	P _c ² -P _w ²	Cal. P _w	P _w / P _c
1.									
2.						<u>679.9</u>	<u>597.9</u>		<u>2.136</u>
3.									
4.									
5.									

Absolute Potential: 7.216 MCFPD; n .75/1.767

COMPANY Pacific Northwest Pipeline Corp
ADDRESS _____
AGENT and TITLE C. R. Wagner- Well test Engineer
WITNESSED _____
COMPANY _____

REMARKS



INSTRUCTIONS

This form is to be used for reporting multi-point back pressure tests on gas wells in the State, except those on which special orders are applicable. Three copies of this form and the back pressure curve shall be filed with the Commission at Box 871, Santa Fe.

The log log paper used for plotting the back pressure curve shall be of at least three inch cycles.

NOMENCLATURE

Q = Actual rate of flow at end of flow period at W. H. working pressure (P_w).
MCF/da. @ 15.025 psia and 60° F.

P_c = 72 hour wellhead shut-in casing (or tubing) pressure whichever is greater.
psia

P_w = Static wellhead working pressure as determined at the end of flow period.
(Casing if flowing thru tubing, tubing if flowing thru casing.) psia

P_t = Flowing wellhead pressure (tubing if flowing through tubing, casing if flowing through casing.) psia

P_f = Meter pressure, psia.

h_w = Differential meter pressure, inches water.

F_g = Gravity correction factor.

F_t = Flowing temperature correction factor.

F_{pv} = Supercompressibility factor.

n = Slope of back pressure curve.

Note: If P_w cannot be taken because of manner of completion or condition of well, then P_w must be calculated by adding the pressure drop due to friction within the flow string to P_t .

OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
No. Copies Received		3
DISTRIBUTION		
	NO. FURNISHED	
Operator		
Santa Fe	1	
Proration Office		
State Land Office		
U. S. G. S.	1	
Transporter		
File	1	✓

3-H. M. O. C.C. Artec
1-Bill Outler
1-L. D. Galloway
2-File

Initial Deliverability Test

Form C-122-A
Revised April 20, 1955

NEW MEXICO OIL CONSERVATION COMMISSION
GAS WELL TEST DATA SHEET - - SAN JUAN BASIN

(TO BE USED FOR FRUITLAND, PICTURED CLIFFS, MESAVERDE, & ALL DAKOTA
EXCEPT BARKER DOME STORAGE AREA)

Pool Blanco Mesa Verde Formation Mesa Verde County Rio Arriba
Purchasing Pipeline PACIFIC NORTHWEST PIPELINE CORPORATION Date Test Filed 11-25-57
Operator PACIFIC NORTHWEST PIPELINE Lease San Juan 29-5 Well No. 27-19
Unit B Sec. 19 Twp. 29N Rge. 5W Pay Zone: From 5350' To 5878'
Casing: OD 5 1/2" WT. Set At 5925' Tubing: OD 2-3/8" WT. 4.7 T. Perf. 5861'
Produced Through: Casing Tubing XX Gas Gravity: Measured .672 Estimated
Date of Flow Test: From 10-8-57 To 10-16-57 Date S.I.P. Measured 4-23-57
Meter Run Size Orifice Size Type Chart Type Taps

OBSERVED DATA

Flowing casing pressure (Dwt) psig + 12 = psia (a)
Flowing tubing pressure (Dwt) psig + 12 = psia (b)
Flowing meter pressure (Dwt) psig + 12 = psia (c)
Flowing meter pressure (meter reading when Dwt. measurement taken:
Normal chart reading psig + 12 = psia (d)
Square root chart reading () ² x spring constant = psia (d)
Meter error (c) - (d) or (d) - (c) ± = psi (e)
Friction loss, Flowing column to meter:
(b) - (c) Flow through tubing; (a) - (c) Flow through casing = psi (f)
Seven day average static meter pressure (from meter chart):
Normal chart average reading 545 psig + 12 = 557 psia (g)
Square root chart average reading () ² x sp. const. = psia (g)
Corrected seven day avge. meter press. (p_f) (g) + (e) = psia (h)
P_t = (h) + (f) = 557 psia (i)
Wellhead casing shut-in pressure (Dwt) 1118 psig + 12 = 1130 psia (j)
Wellhead tubing shut-in pressure (Dwt) 1113 psig + 12 = 1125 psia (k)
P_c = (j) or (k) whichever well flowed through = 1130 psia (l)
Flowing Temp. (Meter Run) 67 °F + 460 = 527 °Abs (m)
P_d = 1/2 P_c = 1/2 (l) = 565 psia (n)

Q = 1,706 X $\left(\frac{\text{FLOW RATE CALCULATION}}{\sqrt{(c)} = \text{ } = \text{ }} \right)^* = \text{ }$ MCF/da
(integrated) $\sqrt{(d)} = \text{ }$

DELIVERABILITY CALCULATION

D = Q 1,706 $\left[\frac{P_c^2 - P_d^2}{P_c^2 - P_w^2} = \frac{957,675}{902,588} \right]^n \frac{(1.061)^{.75}}{(1.0452)} = \text{1,783}$ MCF/da.

SUMMARY

P_c = 1130 psia
Q = 1,706 Mcf/day
P_w = 612 psia
P_d = 565 psia
D = 1783 Mcf/day

Company PACIFIC NORTHWEST PIPELINE CORP.
By Original signed by G. H. Peppin
Title District Production Engineer
Witnessed by
Company

* This is date of completion test.
* Meter error correction factor

REMARKS OR FRICTION CALCULATIONS

GL	(1-e ^{-S})	(F _c Q) ²	(F _c Q) ² (1-e ^{-S}) R ²	P _t ² (Column i)	P _t ² + R ²	P _w
3933	0.249	257.282	64.063	310.249	374.312	612

OK



NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Form C-110
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator El Paso Natural Gas Company Lease San Juan 29-5 Unit

Well No. 27-19 Unit Letter B S 19 T 29N R 5W Pool Blanco Mesaverde

County Rio Arriba Kind of Lease (State, Fed. or Patented) Federal

If well produces oil or condensate, give location of tanks: Unit S T R

Authorized Transporter of Oil or Condensate El Paso Natural Gas Products

Address _____

(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas El Paso Natural Gas Company

Address Box 997, Farmington, New Mexico Date Connected _____

(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

Reasons for Filing: (Please check proper box) New Well ()

Change in Transporter of (Check One): Oil () Dry Gas () C'head () Condensate ()

Change in Ownership () Other (x)

Remarks: _____ (Give explanation below)

The merger of Pacific Northwest Pipeline Corp. into El Paso Natural Gas Company was effective January 1, 1960 and as a matter of record only, El Paso Natural Gas Company is filing this C-110 showing the change of operator and also the change of transporter of gas,

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 5th day of February 19 60

By Original Signed C. D. COX

Approved MAR 29 1960 19 60

Title Petroleum Engineer


OIL CONSERVATION COMMISSION
Original Signed By
By A. R. KENDRICK

Company El Paso Natural Gas Company

Address Box 997

Title PETROLEUM ENGINEER DIST. NO. 3

Farmington, New Mexico

NUMBER OF COPIES RECEIVED DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			FORM C-110 (Rev. 7-60)	
FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE						
Company or Operator El Paso Natural Gas Company				Lease San Juan 29-5 Unit		Well No. 27-19
Unit Letter B	Section 19	Township 29-N	Range 5-W	County Rio Arriba		
Pool Blanco Mesa Verde				Kind of Lease (State, Fed, Fee) Federal		
If well produces oil or condensate give location of tanks		Unit Letter Same	Section	Township	Range	
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)			
El Paso Natural Gas Company			Box 990, Farmington, New Mexico			
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input checked="" type="checkbox"/>		Date Connected 9-25-57	Address (give address to which approved copy of this form is to be sent)			
El Paso Natural Gas Company		Box 990, Farmington, New Mexico				
If gas is not being sold, give reasons and also explain its present disposition:						
REASON(S) FOR FILING (please check proper box)						
New Well <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Change in Transporter (check one) Other (explain below) Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casing head gas . <input type="checkbox"/> Condensate.. <input checked="" type="checkbox"/>						
<div style="border: 2px solid black; border-radius: 50%; padding: 10px; display: inline-block; text-align: center;"> RECEIVED APR 24 1963 OIL CON. COM. DIST. 3 </div>						
Remarks						
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.						
Executed this the <u>1st</u> day of <u>January</u> , 19 <u>63</u> .						
OIL CONSERVATION COMMISSION			By 			
Approved by Original Signed Emery C. Arnold			Title Petroleum Engineer			
Title Supervisor Dist. # 3			Company El Paso Natural Gas Company			
Date APR 24 1963			Address Box 990, Farmington, New Mexico			

CURRENT RECORDS:

CHANGE TO:

Blanco Mesaverde Pool Continued

San Juan 28-4 #8-36	N-36-28-4	San Juan 28-4 Unit #8
San Juan 28-4 Unit #9-32	N-32-28-4	San Juan 28-4 Unit #9
San Juan 28-4 Unit #11-31	G-31-28-4	San Juan 28-4 Unit #11
San Juan 28-4 Unit #12-33	K-33-28-4	San Juan 28-4 Unit #12
San Juan 28-4 Unit #13-20	N-20-28-4	San Juan 28-4 Unit #13
San Juan 28-4 Unit #14-29	H-29-28-4	San Juan 28-4 Unit #14
San Juan 28-4 Unit #15-29	M-29-28-4	San Juan 28-4 Unit #15
San Juan 28-4 Unit #16-30	H-30-28-4	San Juan 28-4 Unit #16
San Juan 28-4 Unit #17-20	A-20-28-4	San Juan 28-4 Unit #17
San Juan 28-4 Unit #18-31	M-31-28-4	San Juan 28-4 Unit #18
San Juan 28-4 Unit #20-30	M-30-28-4	San Juan 28-4 Unit #20
San Juan 28-4 #21-7	N-7-28-4	San Juan 28-4 Unit #21
San Juan 28-4 Unit #26-18	L-18-28-4	San Juan 28-4 Unit #26
San Juan 28-4 #28	H-19-28-4	San Juan 28-4 Unit #28
San Juan 28-5 #4	G-19-28-5	San Juan 28-5 Unit #4
San Juan 28-5 #21	L-35-28-5	San Juan 28-5 Unit #21
San Juan 28-5 Unit #47-36	B-36-28-5	San Juan 28-5 Unit #47
San Juan 28-6 Unit #1-17	G-17-28-6	San Juan 28-6 Unit #1
San Juan 28-6 #14	K-17-28-6	San Juan 28-6 Unit #14
San Juan 28-6 Unit #93-36	M-36-28-6	San Juan 28-6 Unit #93
San Juan 29-4 #1-30	K-30-29-4	San Juan 29-4 Unit #1
San Juan 29-4 Unit #7-8	D-8-29-4	San Juan 29-4 Unit #7
San Juan 29-4 Unit #12-18	B-18-29-4	San Juan 29-4 Unit #12
San Juan 29-4 #14-31	A-31-29-4	San Juan 29-4 Unit #14
San Juan 29-4 Unit #18-33	H-33-29-4	San Juan 29-4 Unit #18
San Juan 29-5 Unit #1-17	M-17-29-5	San Juan 29-5 Unit #1
San Juan 29-5 Unit #4-6	L-6-29-5	San Juan 29-5 Unit #4
San Juan 29-5 Unit #5-33X	A-33-29-5	San Juan 29-5 Unit #5-X
San Juan 29-5 Unit #6-27	K-27-29-5	San Juan 29-5 Unit #6
San Juan 29-5 Unit #7-7	A-7-29-5	San Juan 29-5 Unit #7
San Juan 29-5 Unit #8-35	K-35-29-5	San Juan 29-5 Unit #8
San Juan 29-5 Unit #9-26	L-26-29-5	San Juan 29-5 Unit #9
San Juan 29-5 Unit #10-16	L-16-29-5	San Juan 29-5 Unit #10
San Juan 29-5 Unit #11-19	K-19-29-5	San Juan 29-5 Unit #11
San Juan 29-5 Unit #12-30	M-30-29-5	San Juan 29-5 Unit #12
San Juan 29-5 Unit #13-30	H-30-29-5	San Juan 29-5 Unit #13
San Juan 29-5 Unit #14-27	G-27-29-5	San Juan 29-5 Unit #14
San Juan 29-5 Unit #15-20	B-20-29-5	San Juan 29-5 Unit #15
San Juan 29-5 #16-21	M-21-29-5	San Juan 29-5 Unit #16
San Juan 29-5 Unit #18-5	K-5-29-5	San Juan 29-5 Unit #18
San Juan 29-5 Unit #19-6	B-6-29-5	San Juan 29-5 Unit #19
San Juan 29-5 Unit #20-7	M-7-29-5	San Juan 29-5 Unit #20
San Juan 29-5 Unit #22-8	L-8-29-5	San Juan 29-5 Unit #22
San Juan 29-5 Unit #24-17	B-17-29-5	San Juan 29-5 Unit #24
San Juan 29-5 Unit #25-18	G-18-29-5	San Juan 29-5 Unit #25
San Juan 29-5 Unit #26-18	K-18-29-5	San Juan 29-5 Unit #26
San Juan 29-5 Unit #27-19	B-19-29-5	San Juan 29-5 Unit #27
San Juan 29-5 Unit #28-20	M-20-29-5	San Juan 29-5 Unit #28
San Juan 29-5 Unit #30-28	L-28-29-5	San Juan 29-5 Unit #30
San Juan 29-5 Unit #31-29	H-29-29-5	San Juan 29-5 Unit #31
San Juan 29-5 Unit #34-34	G-34-29-5	San Juan 29-5 Unit #34
San Juan 29-5 Unit #35-34	L-34-29-5	San Juan 29-5 Unit #35
San Juan 29-5 Unit #36-33	L-33-29-5	San Juan 29-5 Unit #36
San Juan 29-5 Unit #37-31	L-31-29-5	San Juan 29-5 Unit #37
San Juan 29-5 Unit #38-32	M-32-29-5	San Juan 29-5 Unit #38
San Juan 29-5 Unit #39-23	M-23-29-5	San Juan 29-5 Unit #39
San Juan 29-5 Unit #40-28	G-28-29-5	San Juan 29-5 Unit #40
San Juan 29-5 Unit #41-31	A-31-29-5	San Juan 29-5 Unit #41
San Juan 29-5 #42	H-32-29-5	San Juan 29-5 Unit #42
San Juan 29-5 Unit #43-22	M-22-29-5	San Juan 29-5 Unit #43
San Juan 29-5 Unit #45-22	A-22-29-5	San Juan 29-5 Unit #45
San Juan 29-5 Unit #46-21	B-21-29-5	San Juan 29-5 Unit #46
San Juan 29-5 Unit #47-4	L-4-29-5	San Juan 29-5 Unit #47

cc: El Paso Natural Gas Co. (3)
 Southern Union Gas Co.
 Southern Union Gathering Co.
 Oil Conservation Commission, Santa Fe
 U.S. Geological Survey

APPROVED E.S. Oberly
 El Paso Natural Gas Co.
 Effective 11-1-65

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OPERATOR	1
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-101 and C-110
Effective 1-1-65

Operator Northwest Pipeline Corporation	
Address 501 Airport Drive, Farmington, New Mexico 87401	
Reason(s) for filing (check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Change in Ownership <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>	
Other (Please explain)	

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

DESCRIPTION OF WELL AND LEASE				
Lease Name San Juan 29-5 Unit	Well No. 27	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee	Lease No. SF 078282
Location Unit Letter B : 790 Feet From The North Line and 1700 Feet From The East Line of Section 19 Township 29N Range 5W, NMPM, Rio Arriba County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) 501 Airport Drive, Farmington, New Mexico 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) 501 Airport Drive, Farmington, New Mexico 87401
If well produces oil or liquids, give location of tanks.	Unit B Sec. 19 Twp. 29N Rge. 5W Is gas actually connected? When

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

COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well Gas Well New Well Workover Deepen Plug Back Some 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, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow to 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
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION 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 FEB 7 1974, 12	
(Signature)		BY Original Signed by Emery C. Arnold	
(Title)		TITLE SUPERVISOR DIST. #3	
(Date)		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. Separate Forms C-104 must be filed for each pool in multiple completed wells.	

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SE 078282

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR
Northwest Pipeline Corporation

3. ADDRESS OF OPERATOR
P.O. Box 90 Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

790' FNL 1700' FEL

7. UNIT AGREEMENT NAME

San Juan 29-5 Unit

8. FARM OR LEASE NAME

San Juan 29-5 Unit

9. WELL NO.

27

10. FIELD AND POOL, OR WILDCAT

Blanco Mesa Verde

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 19 T29N R5W NMPM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6603 GL

12. COUNTY OR PARISH

13. STATE

Rio Arriba New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐
☐
☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐
☐

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐
☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Dike Construction

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

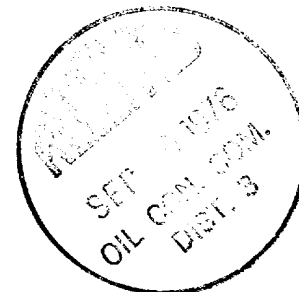
☐
☐
☐
☐
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(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

Constructed 25' x 33' x 2' dike around condensate tank.

See attached drawing.



18. I hereby certify that the foregoing is true and correct

SIGNED

R.E. Fielder

TITLE Sr. Production Engineer

DATE 8-23-76

R.E. Fielder js

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

1.

Operator Northwest Pipeline Corporation	
Address P.O. Box 90, Farmington, New Mexico 87499	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Oil or Gas <input type="checkbox"/>
	Condensate <input checked="" type="checkbox"/>

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 29-5 Unit	Well No., Well Name, including Formation 27 Blanco Mesa Verde	Kind of Lease XXX Federal or XXX	Lease No. SF-078282
Location			
Unit Letter B	Feet From The 790 North	Line and 1700	Feet From The East
Line of Section 19	Township 29N	Range 5W	County Rio Arriba

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)
Petro Source Inc.	1979 So 700 West, Salt Lake City, Utah 84104
Name of Authorized Transporter of Oil or Gas <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 87499
If well produces oil or liquids, give location of tanks.	Unit B
	Sec. 19
	Twp. 29N
	Rge. 5W

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	Some Resrv.	Diff. Resrv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, R&B, 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 OIL WELL

(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)

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
Testing Method (pilot, 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.

Donna J. Brace
Donna J. Brace (Signature)
Production Clerk
(Title)

December 9, 1982
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
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 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

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ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Northwest Pipeline Corporation

Address
P.O. Box 90, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input checked="" type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

Other (Please explain):

If change of ownership give name and address of previous owner:

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DIST. 9

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 29-5 Unit	Well No. 27	Pool Name, Including Formation Blanco Mesa Verde	Kind of Lease XXX Federal or XXX	Lease No. SF-078282
Location Unit Letter <u>B</u> : <u>790</u> Feet From The <u>North</u> Line and <u>1700</u> Feet From The <u>East</u> Line of Section <u>19</u> Township <u>29N</u> Range <u>5W</u> , NMPM, 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"/> UPG, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 66, Liberal, Kansas 67901
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 90, Farmington, New Mexico 87499
If well produces oil or liquids, give location of tanks. Unit <u>B</u> Sec. <u>19</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:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Linda S. Marques
Linda S. Marques (Signature)
Production and Drilling Clerk
(Title)

January 3, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 18 1985
BY Frank J. [Signature]
TITLE SUPERVISOR DISTRICT # 9

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 deviated 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.
Separate Forms C-104 must be filed for each pool in multiple completed wells.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
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OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
Northwest Pipeline Corporation

Address
P.O. Box 90 - Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain):
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Condensate	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 29-5 Unit	Well No. 27	Pool Name, Including Formation Blanco Mesa Verde	Kind of Lease State Federal XXX	Lease No. SF. 078282
Location Unit Letter <u>B</u> : <u>790</u> Feet From The <u>North</u> Line and <u>1700</u> Feet From The <u>East</u> Line of Section <u>19</u> Township <u>29N</u> Range <u>5W</u> , NMPM, <u>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"/> Mancos Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 1320 - Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 90 - Farmington, New Mexico 87499
If well produces oil or liquids, give location of tanks.	Unit : <u>B</u> Sec. : <u>19</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:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Carrie Harmon
Production & Drilling Clerk

January 7, 1986

OIL CONSERVATION DIVISION

APPROVED JAN 20 1986
BY Frank J. [Signature]
TITLE SUPERVISOR DISTRICT # 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 deviate 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.
Separate Forms C-104 must be filled for each pool in multiple completed wells.

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ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Northwest Pipeline Corporation

Address
P.O. Box 90 - Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input checked="" type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 29-5 Unit	Well No. 27	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State Federal XXX	Lease No. SF 078282
Location Unit Letter <u>B</u> : <u>790</u> Feet From The <u>North</u> Line and <u>1700</u> Feet From The <u>East</u> Line of Section <u>19</u> Township <u>29N</u> Range <u>5W</u> , NMPM, <u>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"/> Four-Four Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 821 - Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 90 - Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit : <u>B</u> Sec. : <u>19</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:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Carrie Harmon
(Signature)
Production & Drilling Clerk
(Title)
May 28, 1986
(Date)

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DIST. 3

OIL CONSERVATION DIVISION
APPROVED Frank J. [Signature] JUN 10 1986
BY
TITLE SUPERVISOR DISTRICT 3

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells 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 multiple completed wells.

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ENERGY AND MINERALS DEPARTMENT

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Form C-104
Revised 10-11-88
Form 108-1-88
Page 1

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OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Name of Operator Northwest Pipeline Corporation	
Address 3539 East 30th - Farmington, NM 87401	
Reason(s) for filing (Check proper box)	
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Condensate
Other (Please explain)	

Range of ownership give name
Address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name San Juan 29-5 Unit	Well No. 27	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease XXX Federal XXX	Lease No. SF 078282
Location Unit Letter <u>B</u> : <u>790</u> Feet From The <u>North</u> Line and <u>1700</u> Feet From The <u>East</u>				
Line of Section <u>19</u> Township <u>29N</u> Range <u>5W</u> NMPM, <u>Rio Arriba</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Gary Energy Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159 - Bloomfield, NM 87413
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) 3539 East 30th - Farmington, NM 87401
Well produces oil or liquids, Location of tanks.	Unit Sec. Twp. Rge. B 19 29N 5W
Is gas actually connected? When	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Cario Hannon
(Signature)
Production & Drilling Clerk
(Title)
May 27, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 01 1988
BY [Signature]
TITLE SUPERVISION DISTRICT #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.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

DISTRICT I
P.O. Box 1940, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

See Instructions
at Bottom of Page

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I. Operator PHILLIPS PETROLEUM COMPANY		Well AP No.
Address 300 W ARRINGTON, SUITE 200, FARMINGTON, NM 87401		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Outhead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator: Northwest Pipeline Corp., 3535 E. 30th, Farmington, NM 87401		

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 29-5 Unit	Well No. 27	Pool Name, Including Formation BLANCO MESAVERDE	Kind of Lease State, Federal or Foreign XX	Lease No.
Location Unit Letter: B : 790 Feet From The North Line and 1700 Feet From The East Line Section 19 Township 29N Range 5W, NMPM, 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"/> Gary Energy	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Bloomfield, NM 87413					
Name of Authorized Transporter of Outhead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 58900, SLC, Utah 84158-0900					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Trp.	Rge.	Is gas actually connected?	When? Attn: Claire Potter

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
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

OIL WELL (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.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
		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/MVCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: L. E. Robinson Sr. Drlg. & Prod. Engr.
Printed Name: L. E. Robinson Title: Sr. Drlg. & Prod. Engr.
Date: APR 01 1991 Telephone No.: (505) 599-3412

OIL CONSERVATION DIVISION
APR 01 1991

Date Approved: _____
By: [Signature]
Title: SUPERVISOR DISTRICT #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator PHILLIPS PETROLEUM COMPANY		Well AM No. 3003907597
Address 5525 HWY 64 NBU 3004, FARMINGTON, NEW MEXICO 87401		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input checked="" type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 29-5 Unit	Well No. 27	Pool Name, including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>B</u> : <u>790</u> Feet From The <u>North</u> Line and <u>1700</u> Feet From The <u>East</u> Line Section <u>19</u> Township <u>29N</u> Range <u>5W</u> , <u>NMPM</u> , <u>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"/> Meridian Oil Transporters, Inc.	Address (Give address to which approved copy of this form is to be sent) 3535 E. 30th. St., Farmington, NM 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Williams Field Services Company	Address (Give address to which approved copy of this form is to be sent) PO Box 58900, Salt Lake City, UT 84158-0900	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? When? Attn: Claire Potter	

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
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Layer		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

OIL WELL (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.)

Date First New Oil Run To Tank	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
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

L. E. Robinson
Signature
L. E. Robinson Sr. Drlg. & Prod. Engr.
Printed Name
5-30-91 (505) 599-3412
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved 04 1991
By Brian J. Chang
Title SUPERVISOR DISTRICT #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT - " for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Phillips Petroleum Company

3. Address and Telephone No.

5525 Highway 64, NBU 3004, Farmington, NM 87401 505-599-3454

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Unit B, 790' FNL & 1700' FEL
Section 19, T29N, R5W

5. Lease Designation and Serial No.

SF-078282

6. Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

San Juan 29-5 Unit

8. Well Name and No.

SJ 29-5 Unit #27

9. API Well No.

30-039-07597

10. Field and Pool, or exploratory Area

Blanco Mesaverde

11. County or Parish, State

Rio Arriba, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Add pay & stimulate
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

MIRU. ND WH & NU BOPs. POOH w/production tubing. Isolate existing Mesaverde perfs with bridge plug. PT casing. If casing fails test - isolate failure. Remediate with cement.

If well records indicate no cement across the Lewis Shale interval, it may be necessary to run a casing bond log (CBL). Shoot squeeze holes in casing and pump sufficient volumes of cement to cover and isolate the Lewis Shale.

Perforate and stimulate the Lewis Shale (perfs to be determined after logs are run). Retrieve bridge plug and run production tubing.

Flow test the Lewis Shale.

A workover pit may be required.

RECEIVED
JUN 2 1998
OIL CON. DIV.
DIST. 3

14. I hereby certify that the foregoing is true and correct

Signed

Patricia Chisick

Title

Regulatory Assistant

Date

5-22-98

(This space for Federal or State office use)

Approved by

Ray W. Spencer

Title

Date

MAY 29 1998

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

* See Instruction on Reverse Side

NMCO