HO. OF COPIES MEC	EIVED	:	
DISTRIBUTION			
SANTA FE		i	
FILE			
U.S.G.S.			Ī
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			Ī
PRORATION OFFICE			i

		<del></del>					
	DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSION	Form C. 124			
	SANTA FE		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11			
	FILE	Negoes1	AND	Effective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO TR	· · · <del>-</del>	· · · · ·			
	LAND OFFICE	AUTHORIZATION TO TR.	ANSPORT OIL AND NATURAL	GAS			
	OIL	-}					
	I FRANSPORTER	4					
	GAS						
	OPERATOR						
1.	PRORATION OFFICE						
	Operator		4				
	Northwest Pipeline	Corporation					
	Address						
	P.O. Box 90. Farmi	ngton, New Mexico 87499					
	Reason(s) for filing (Check proper bos	ington, new Hexico 07433	Other (Please explain)				
	New Woll	Change in Transporter of:	Other (Freake explain)				
				*			
	Recompletion	OII Pry 2	us	•			
	Change in Ownership	Casinghead Gas Conde	ensate XI	:			
	••						
	If change of ownership give name and address of previous owner			<i>t</i>			
	and address of previous owner						
71	DESCRIPTION OF WELL AND	IFich					
41.	DESCRIPTION OF WELL AND	Wen No.; Foot Name, Including F	formation (Kind of Lea				
	San Juan 29-5 Unit	46 Blanco Mesa	Vende XXX. Feder	<u>at at XXX</u> NM−03188			
	Location						
	Unit Letter B ; 8	00 Foot From The North Li	ne and 1510 Fac Sec.	The East			
			1 eec 2 (S)	Lust			
	Line of Section 21 To	waiship 29N Range	5W , pwew, Ri	o Arriba County			
	——————————————————————————————————————		JW 71333 47 1(1	O Arriba County			
5.7	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	1.0				
•1.	Name of Authorized Transporter of Cl	1 Concensate X	nn - Audropa (Give adoress to which appr				
	i	· — or ornamiate V					
	Petro Source Inc.		1979 50 700 West, Salt	t Lake City, Utah 84104			
	,		Agares : Thire address to which appr	oved copy of this form is to be sent;			
	Northwest Pipeline	Corporation	P.O. Box 90, Farmingto	on. New Mexico 87499			
	If well produces oil or liquids,	Unit   Sec. Twp.   Rge.	is and naturally connected? W	ner.			
	give location of tanks.	B 21 29N 5W					
137	If this production is commingled with COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:				
14.		Ci. Well Gas Well	New Well Workover Deepen	Sing Back   Same Resty.   Diff. Resty.			
	Designate Type of Completi	on - (X)	Doepen.	Some Resiv. Dill. Resiv.			
	Date Spudded	Date Compi. Reday to Prod.	Total Leptn	P.3.T.D.			
		- Approximation of the state of	<u> </u>				
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Tep Cil/Gas Pay	Tubing Depth			
			İ				
	Perforations			Depth Casing Shoe			
	TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	192,119, 6221110, 200	D ACMENTING MICOMP				
		CARING : THOMAS SIZE	250711.657				
	HOCE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	HOUE SIZE	CASING & TUBING SIZE	ארקפס SET	SACKS CEMENT			
	HOCE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	HOUR SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
₩.							
₹.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a		SACKS CEMENT  I and must be equal to or exceed top allow-			
₹.		OR ALLOWABLE (Test must be a		and must be equal to or exceed top allow-			
٧.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for thin de	fier recovery of total volume of load oil	and must be equal to or exceed top allow-			
₹.	TEST DATA AND REQUEST FOIL WELL Date First New Cil Run To Tanks	OR ALLOWABLE (Test must be a able for this de	fier recovery of total volume of load oil of the for full 24 hours;  Producing Method (Flow, pump, gas l	and must be equal to or exceed top allow-			
₹.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for thin de	fier recovery of total volume of load oil	and must be equal to or exceed top allow-			
₹.	TEST DATA AND REQUEST FOIL WELL Date First New Cil Run To Tanks Length of Test	OR ALLOWABLE (Test must be a able for this de Date of Test  Tabing Preseure	jeer recovery of total volume of load oil pith or be for full 24 hours;  Producing Method (Flow, pump, gas left) Casing Freesure	and must be equal to or exceed top allow- ift, etc.) Choke Size			
<b>v</b> .	TEST DATA AND REQUEST FOIL WELL Date First New Cil Run To Tanks	OR ALLOWABLE (Test must be a able for this de	fier recovery of total volume of load oil of the for full 24 hours;  Producing Method (Flow, pump, gas l	and must be equal to or exceed top allow-			
₹.	TEST DATA AND REQUEST FOIL WELL Date First New Cil Run To Tanks Length of Test	OR ALLOWABLE (Test must be a able for this de Date of Test  Tabing Preseure	jeer recovery of total volume of load oil pith or be for full 24 hours;  Producing Method (Flow, pump, gas left) Casing Freesure	and must be equal to or exceed top allow- ift, etc.) Choke Size			
₹.	TEST DATA AND REQUEST FOIL WELL Date First New Cil Run To Tanks Length of Test	OR ALLOWABLE (Test must be a able for this de Date of Test  Tabing Preseure	jeer recovery of total volume of load oil pith or be for full 24 hours;  Producing Method (Flow, pump, gas left) Casing Freesure	and must be equal to or exceed top allow- ift, etc.) Choke Size			
V.	TEST DATA AND REQUEST FOIL WELL Date First New Cil Run To Tanks Length of Test	OR ALLOWABLE (Test must be a able for this de Date of Test  Tabing Preseure	jeer recovery of total volume of load oil pith or be for full 24 hours;  Producing Method (Flow, pump, gas left) Casing Freesure	and must be equal to or exceed top allow- ift, etc.) Choke Size			
₹.	TEST DATA AND REQUEST FOIL WELL. Date First New Cil Run To Tanks  Length of Test  Actual Prod. During Test	OR ALLOWABLE (Test must be a able for this de Date of Test  Tabing Preseure	jter recovery of total volume of load oil opth or be for full 24 hours;  Producing Method (Flow, pump, gas land) Casing Fressure Water-Sbie.	and must be equal to or exceed top allow- ift, etc.) Choke Size Gos-MCF			
v.	TEST DATA AND REQUEST FOIL WELL Date First New Cil Run To Tanks  Length of Test  Actual Prod. During Test  GAS WELL	OR ALLOWABLE (Test must be a able for thin de Date of Test  Tabing Pressure  Oth-Bbis.	jier recovery of total volume of load oil pith or be for full 24 hours)  Producing Method (Flow, pump, gas leading Fressure)  Water-Bble.	and must be equal to or exceed top allow- ift, etc.) Choke Size Gos-MCF			
V.	TEST DATA AND REQUEST FOIL WELL Date First New Cil Run To Tanks Length of Test Actual Prod. During Test  GAS WELL Actual Prod. Test-MCF/D	OR ALLOWABLE (Test must be a able for this de Date of Test  Tabing Preseure  Ott-Bbis.	jeer recovery of total volume of load of pith or be for full 24 hours)  Producing Method (Flow, pump, gas leading Fressure)  Water-Shie.	Choke Size  Gos-MOF  Gravity of Condensate			
V.	TEST DATA AND REQUEST FOIL WELL Date First New Cil Run To Tanks  Length of Test  Actual Prod. During Test  GAS WELL	OR ALLOWABLE (Test must be a able for thin de Date of Test  Tabing Pressure  Oth-Bbis.	jter recovery of total volume of load oil opth or be for full 24 hours;  Producing Method (Flow, pump, gas land) Casing Fressure Water-Sbie.	and must be equal to or exceed top allow- ift, etc.) Choke Size Gos-MCF			
<b>V</b>	TEST DATA AND REQUEST FOIL WELL Date First New Cil Run To Tanks Length of Test Actual Prod. During Test  GAS WELL Actual Prod. Test-MCF/D	OR ALLOWABLE (Test must be a able for this de lable for this de la	Jeer recovery of total volume of load of epth or be for full 24 hours)  Producing Method (Flow, pump, gas leading Freesure)  Water-Shie.  Bhis. Condensate/MMCF  Casing Pressure (Shut-12)	Choke Size  Gos-MOF  Gravity of Condensate			
	TEST DATA AND REQUEST FOIL WELL Date First New Cil Run To Tanks Length of Test Actual Prod. During Test  GAS WELL Actual Prod. Test-MCF/D	OR ALLOWABLE (Test must be a able for thin de Date of Test  Tubing Pressure  Oth-Bbis.  Length of Test  Tubing Pressure (Shut-in)	jeer recovery of total volume of load oil pith or be for full 24 hours)  Producing Method (Flow, pump, gas land pressure)  Water-Sbie.  Bbis. Condensate/MMCF  Cueing Pressure (Shut-12)	and must be equal to or exceed top allow- ift, etc.) Choke Size Gos-MOF Gravity of Condensate Choke Size			
	TEST DATA AND REQUEST FOIL WELL Date First New Cil Run To Tanks  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)	OR ALLOWABLE (Test must be a able for thin de Date of Test  Tubing Pressure  Oth-Bbis.  Length of Test  Tubing Pressure (Shut-in)	jter recovery of total volume of load of pith or be for full 24 hours)  Producing Method (Flow, pump, gas leading Fressure)  Water-Shie.  Bhis. Condensate/MMCF  Casing Pressure (Shut-ia)	Choke Size  Choke Size  Choke Size  Choke Size			
VI.	TEST DATA AND REQUEST FOIL WELL Date First New Cil Run To Tanks  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)  CERTIFICATE OF COMPLIANCE	OR ALLOWABLE (Test must be a able for this de lable for this de la	jter recovery of total volume of load of pith or be for full 24 hours)  Producing Method (Flow, pump, gas leading Fressure)  Water-Shie.  Bhis. Condensate/MMCF  Casing Pressure (Shut-ia)	Choke Size  Choke Size  Choke Size  Choke Size			
¥I.	TEST DATA AND REQUEST FOIL WELL  Date First New Cil Run To Tanks  Longth of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)  CERTIFICATE OF COMPLIANO  I hereby certify that the rules and its	OR ALLOWABLE (Test must be a able for thin de Date of Test  Tubing Pressure  Oth-Bbis.  Length of Test  Tubing Pressure (Shut-in)	jter recovery of total volume of load of pith or be for full 24 hours)  Producing Method (Flow, pump, gas leading Fressure)  Water-Shie.  Bhis. Condensate/MMCF  Casing Pressure (Shut-ia)	Choke Size  Gos-MCF  Choke Size  Choke Size			

Donna 2 Brace	#
Donna J. Brace (Minatural Production Clerk	mal

(Title) December 9, 1982

DEPUTY OIL & GAS INSTITUTE, GIV This form is to be filed in compilance 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.