NO. OF COPIES RECEIVED 14	-		
DISTRIBUTION			
SANTA FE	1	CONSERVATION COMMISSION	Form C-104
	REQUES	T FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65
FILE		AND	
U.S.G.S.	AUTHORIZATION TO T	RANSPORT OIL AND NATURAI	L GAS
LAND OFFICE			
TRANSPORTER OIL /			
OPERATOR /			
PRORATION OFFICE Operator			
Northwest Pipeline Con	poration		
P.O. Box 90: Farmingt	on, New Mexico 87401		
Reusan(s) for filing (Check proper to	ox)	Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion X	OII Dry	Gas	
Change in Ownership	Casinghead Gas Con	densate	
If change of ownership give name and address of previous owner			
. DESCRIPTION OF WELL AN	D LEASF.	Formation Kind of L	ease Lease No.
Lease Name	Well No. Pool Name, Including		i -
San Juan 29-6 Unit	14 Blanco Mesa	Verde State, Fee	SF 080379
Unit Letter B : 99	Peet From The North	Line and 1650 Feet Fr	om The East
Line of Section 7	Township 29N Range	6W , NMPM, Rio A	Arriba County
Name of Authorized Transporter of Northwest Pipeline Cor Name of Authorized Transporter of Northwest Pipeline Cor	poration Casingheda Gas or Dry Gas X	P.O. Box 90: Farmington Address (Give address to which a) P.O. Box 90: Farmington P.O. Box 90: Farming	oproved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	B 7 29N 6V		
If this production is commingled COMPLETION DATA	with that from any other lease or po		
Designate Type of Comple	tion - (X) Gas Well Gas Wel	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.
	i	Total Depth	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.		6156
6-27-74	7-16-74	6191	Turing Depth
Elevations (DF, RKB, RT, GR, etc.	1	Top Oil, Gas Pay	
6795 GR	Mes a Verde	5462	6036 Depth Casing Shoe
Perforations			peptir custing show
5462-6138			
	TUBING, CASING,	AND CEMERTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	CEPTH SET	SACKS CEMENT
13-3/4	9-5/8	163	125
8-3/4	7	5347	300
6-1/8	4-1/2	6191	125
	2	6036	I oil and muss he equal to or exceed ton allow
. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must in able for this	be after recovery of total volume of load s depth or be for full 24 hours)	loil and must be equal to or exceed top allow
OIL WEIL Date First New Cil Run To Tonks	Date of Test	Producing Method (Flow, pump, g	as lift, etc.)
Length of Test	Tubing Pressure	Cosing Pressure	Goke Size
Actual Prod. During Test	QII-Bble.	Water - 3516.	Gon. VOF

TEST DATA AND REQUEST TO OUL WELL	able for thi	s depth or be for full 24 hours) Producing Method (Flow, pump, ga	s lift, etc.)
Date First New Cil Run To Tonks	Date of Test	producing winness (1 too), pump, (20 to),	
Length of Test	Tubing Pressure	Casing Pressure	Coke Size
Actual Prod. During Test	Qil-Bbls.	Water-Bbis.	Gon - NOF
			(6/16/
GAS WELL Actual Frod. Test-MCF/D	Length of Test	Bbls. Condensute/MMCF	Granty of Continuate
CV - 3473 CAOF - 7270 Testing Method (pitot, back pr.)	3 hrs Tubing Pressure (Shut-in)	Casing Pressure (Shuc-in)	Choke Size
1 point back pressure	843	854	.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.
00 1 11
R.E. Fielder
Reduction Engineer
(Titile)
12-3-74

(Date)

OIL CONSERVATION COMMISSION DEC 4

APPROVED.

BUTIGINAL Signed by Money C. Arnold SUPERVISOR DIST. # 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 silowable 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.