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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

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

I. Operator
Northwest Pipeline Corporation
Address
P.O. Box 90, Farmington, New Mexico 87499
Reason(s) for filing (check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Gas ☐ Intermediate ☒

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	San Juan 29-6 Unit	19	Blanco Mesa Verde	XXXX	XXXX	SF 080379-A		
Location	Unit Letter	B	940	Dist From The	North	1825	Dist From The	East
	Line of Section	8	29N	Range	6W	Rio Arriba	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Intermediate ☒	Petro Source Inc.	Address (Give address to which approved copy of this form is to be sent)	1979 So 700 West, Salt Lake City, Utah 84104			
Name of Authorized Transporter of Gas ☐ or Dry Gas ☒	Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent)	P.O. Box 90, Farmington, N.M. 87499			
If well produces oil or natural gas, give location of tanks.	Unit	8	29N	6W	Is this tank already connected?	When

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

IV. COMPLETION DATA

Designate Type of Completion - (H)	Oil Well	Gas Well	New Well	Workover	Deepen	Refracture	Some Tests	Drill. Tests
Date Spudded	Date Comm. Ready to Prod.	Total Depth	PERF. LOG					
Elevations (DF, K&B, RT, CR, etc.)	Name of Producing Formation	Top Oil Column	Testing 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	Testing 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 (flow, back pr.)	Testing 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 JB
Donna J. Brace
Production Clerk
(Title)
December 9, 1982
(Date)

OIL CONSERVATION COMMISSION

APPROVED Donna J. Brace, 19
BY Donna J. Brace
TITLE Production Clerk

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 O-104 must be filed for each pool in multiple