

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. SF 078281
2. NAME OF OPERATOR El Paso Natural Gas Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR PO Box 990, Farmington, NM 87401		7. UNIT AGREEMENT NAME San Juan 29-5 Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1180'N, 1180'E		8. FARM OR LEASE NAME San Juan 29-5 Unit
14. PERMIT NO.		9. WELL NO. 67
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6637'GL		10. FIELD AND POOL, OR WILDCAT Basin Dakota
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T-29-N, R-5-W NMPM
		12. COUNTY OR PARISH Rio Arriba
		13. STATE NM

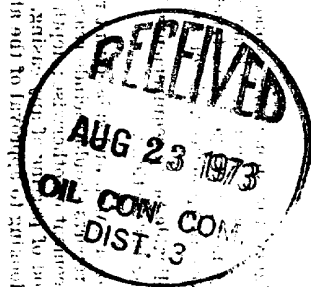
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>			

(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.) *

8-16-73 Spudded well. Drilled surface hole. Ran 7 joints 9 5/8", 32.3#, HS surface casing, 220' set at 235'. Cemented with 225 cu. ft. cement, circulated to surface. WOC 12 hours, held 600#/30 minutes.



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

SIGNED <u>A. L. Ducos</u>	TITLE <u>Drilling Clerk</u>	DATE <u>August 20, 1973</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF 078281

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME San Juan 29-5 Unit
2. NAME OF OPERATOR El Paso Natural Gas Company	8. FARM OR LEASE NAME San Juan 29-5 Unit
3. ADDRESS OF OPERATOR PO Box 990, Farmington, NM 87401	9. WELL NO. 67
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1180'N, 1180'E	10. FIELD AND POOL, OR WILDCAT Basin Dakota
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6637'GL
12. COUNTY OR PARISH Rio Arriba	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

- 8-23-73 TD 3972'. Ran 130 joints 7", 20#, K-55 intermediate casing, 3960' set at 3972'. Cemented with 291 cu. ft. cement. WOC 12 hours, held 1200#/30 min. Top of cement at 2870'.
- 8-29-73 TD 8074'. Ran 262 joints 4 1/2", 11.6 and 10.5#, KS production casing, 8063' set at 8074'. Float collar set at 8066'. Cemented with 632 cu. ft. cement. WOC 18 hours. Top of cement at 3450'.
- 9-5-73 PBTD 8066'. Tested casing to 4000#-OK. Perf'd 7948', 7950', 7966', 8014' and 8034' with one shots per foot. Frac'd with 50,000# 40/60 sand and 57,204 gallons treated water. No ball drops. Flushed with 5376 gallons water.



SEP 18 1973

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

SIGNED

A. G. Sues

TITLE

Drilling Clerk

DATE September 11, 1973

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

EL PASO NATURAL GAS COMPANY
OPEN FLOW TEST DATA

DATE September 17, 1973

Operator El Paso Natural Gas Company		Lease San Juan 29-5 Unit #67	
Location 1180/N, 1180/E Sec. 20 T-29N, R5W		County Rio Arriba	State New Mexico
Formation Dakota		Pool Basin	
Casing: Diameter 4.500	Set At: Feet 8074'	Tubing: Diameter 2.875	Set At: Feet 8034'
Pay Zone: From 7948	To 8034'	Total Depth: 8074	Shut In 9-8-73
Stimulation Method Sandwater Frac		Flow Through Casing	Flow Through Tubing X

Choke Size, Inches 750		Choke Constant: C 12.365	
Shut-In Pressure, Casing, PSIG 2605	+ 12 = PSIA 2617	Days Shut-In 9	Shut-In Pressure, Tubing PSIG 1300
Flowing Pressure: P PSIG 210	+ 12 = PSIA 222	Working Pressure: P _w PSIG 415	+ 12 = PSIA 427
Temperature: T = 65 °F	n =	F _{pv} (From Tables) 1.017	Gravity .595 F _g = 1.0041
F _t = .9952	.75		

$$\text{CHOKE VOLUME} = Q = C \times P_t \times F_t \times F_g \times F_{pv}$$

$$Q = (12.365) (222) (.9952) (1.0041) (1.017) = \underline{\quad 2790 \quad} \text{ MCF/D}$$

$$\text{OPEN FLOW} = Aof = Q \left(\frac{P_c^2}{P_c^2 - P_w^2} \right)^n$$

$$Aof = Q \left(\frac{6848689}{6676464} \right)^n = (2790) (1.0258)^{.75} = (2790) (1.0193)$$

$$Aof = \underline{\quad 2844 \quad} \text{ MCF/D}$$

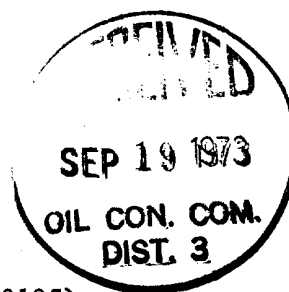
Note: Started unloading after 15 min. with drip and water. Unloaded for 90 min. Dry flow afterward.

TESTED BY Rhames & Norton

WITNESSED BY _____

W. D. Welch

W. D. Welch
Well Test Engineer



EL PASO NATURAL GAS COMPANY
OPEN FLOW TEST DATA

CORRECTED COPY

DATE September 20, 1973

Operator El Paso Natural Gas Company		Lease San Juan 29-5 Unit #67	
Location 1180/N, 1180/E Sec. 20 T-29N, R5W		County Rio Arriba	State New Mexico
Formation Dakota		Pool Basin	
Casing: Diameter 4.500	Set At: Feet 8074'	Tubing: Diameter 1 1/2"	Set At: Feet 8034'
Pay Zone: From 7948	To 8034'	Total Depth: 8074	Shut In 9-8-73
Stimulation Method Sandwater Frac		Flow Through Casing X	Flow Through Tubing

Choke Size, Inches .750		Choke Constant: C 12.365			
Shut-In Pressure, Casing, PSIG 2605	+ 12 = PSIA 2617	Days Shut-In 9	Shut-In Pressure, Tubing PSIG 1300	+ 12 = PSIA 1312	
Flowing Pressure: P PSIG 210	+ 12 = PSIA 222		Working Pressure: P _w PSIG 415	+ 12 = PSIA 427	
Temperature: T = 65 °F	n = F _t = .9952		F _{pv} (From Tables) 1.017	Gravity .595	F _g = 1.0041

$$\text{CHOKE VOLUME} = Q = C \times P_i \times F_t \times F_g \times F_{pv}$$

$$Q = (12.365)(222)(.9952)(1.0041)(1.017) = \underline{2790} \text{ MCF/D}$$

$$\text{OPEN FLOW} = Aof = Q \left(\frac{P_c^2}{P_c^2 - P_w^2} \right)^n$$

$$Aof = Q \left(\frac{6848689}{6676464} \right)^n = (2790)(1.0258)^{.75} = (2790)(1.0193)$$

$$Aof = \underline{2844} \text{ MCF/D}$$

Note: Started unloading after 15 min. with drip and water. Unloaded for 90 min. Dry flow afterward.

TESTED BY Rhames & Norton

WITNESSED BY



William D. Welch

William D. Welch
Well Test Engineer

UNITED STATES
 DEPARTMENT OF THE INTERIOR
 GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

 Form approved.
 Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

5. LEASE DESIGNATION AND SERIAL NO.

SF 078281

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

San Juan 29-5 Unit

8. FARM OR LEASE NAME

San Juan 29-5 Unit

9. WELL NO.

67

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

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

 Sec. 20, T-29-N, R-5-W
 NMPM

 12. COUNTY OR PARISH
 Rio Arriba

 13. STATE
 NM

 1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other

 b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other

2. NAME OF OPERATOR

El Paso Natural Gas Company

3. ADDRESS OF OPERATOR

PO Box 990, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface

1180'N, 1180'E

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED 16. DATE T.D. REACHED 17. DATE COMPL. (Ready to prod.) 18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 19. ELEV. CASINGHEAD

8-16-73

8-28-73

9-17-73

6637'GL

20. TOTAL DEPTH, MD & TVD 21. PLUG. BACK T.D., MD & TVD 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 25. WAS DIRECTIONAL SURVEY MADE

8074'

8066'

0-8074'

7948-8034' (Dakota)

no

26. TYPE ELECTRIC AND OTHER LOGS RUN

FDC-GR; HRT; I-GR; Temp. Survey

27. WAS WELL CORED

no

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
9 5/8"	32.3#	235'	13 3/4"	225 cu. ft.	
7"	20#	3972'	8 3/4"	291 cu. ft.	
4 1/2"	11.6&10.5#	8074'	6 1/4"	632 cu. ft.	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					1 1/2"	8034'	

31. PERFORATION RECORD (Interval, size and number)

7948', 7950', 7966', 8014' and 8034' with one shot per foot.

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

 DEPTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED
 7948-8034' 50,000#sand; 57,204 gal. water

33.* PRODUCTION

 DATE FIRST PRODUCTION PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) 5 1973
 flowing

 DATE OF TEST HOURS TESTED CHOKE SIZE PROD'N. FOR TEST PERIOD OIL—BBL. GAS—MCF. WATER—BBL. GAS-OIL RATIO
 9-17-73 3 3/4"

 FLOW. TUBING PRESS. CASING PRESSURE CALCULATED 24-HOUR RATE OIL—BBL. GAS—MCF. WATER—BBL. OIL GRAVITY-API (CORR.)
 SI 1312 SI 2617 2844 AOF-MCF/D

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

TEST WITNESSED BY

C. Rhames & D. Norton

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

 SIGNED *[Signature]*

TITLE Drilling Clerk

OCT 4 1973

DATE October 2, 1973

*(See Instructions and Spaces for Additional Data on Reverse Side)

U. S. GEOLOGICAL SURVEY

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES:				38. GEOLOGIC MARKERS	
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES					
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH
					TRUE VERT. DEPTH
				Pictured Cliffs	no
				Chacra	---
				Mesa Verde	5398'
				Point Lookout	5776'
				Gallup	6835'
				Greenhorn	7746'
				Graneros	7798'
				Dakota	7932'

EL PASO NATURAL GAS COMPANY

DEVIATION REPORT

Name Of Company El Paso Natural Gas Company			Address PO Box 990, Farmington, NM 87401		
Lease San Juan 29-5 Unit	Well No. 67	Unit Letter A	Section 20	Township 29N	Range 5W
Pool Basin Dakota			County Rio Arriba		

DEPTH

120'
240'
752'
1350'
1828'
2280'
2480'
2880'
3380'
3565'
4530'
5050'
5560'
6070'
6576'
7075'
7570'

DEVIATION

1/2°
1/2°
3/4°
1/2°
3/4°
1 1/2°
1/4°
1 1/4°
1°
3/4°
1 1/4°
1/4°
1 1/2°
1/4°
1/4°
1/2°
1 1/2°



I, the undersigned, certify that I, acting in my capacity as Petroleum Engineer of El Paso Natural Gas Company, am authorized by said Company to make this report; and that this report was prepared by me or under my supervision and directions and that the facts stated therein are true to the best of my knowledge and belief.

W. H. Wood

Subscribed and sworn to before me this 2nd day of October, 197 3.

Mora D. Buices

Notary Public in and for San Juan County, New Mexico

My commission expires October 5, 1976.

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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

I. Operator
El Paso Natural Gas Company
Address
PO Box 990, Farmington, NM 87401
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
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. 67	Pool Name, Including Formation Bas in Dakota	Kind of Lease State (Federal) Fee SF	Lease No. 078281
Location Unit Letter A ; 1180 Feet From The North Line and 1180 Feet From The East Line of Section 20 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"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) PO Box 990, Farmington, NM				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) PO Box 990, Farmington, NM				
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 20	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:

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					
Date Spudded 8-16-73	Date Compl. Ready to Prod. 9-17-73		Total Depth 8074'		P.B.T.D. 8066'			
Elevations (DF, RKB, RT, GR, etc.) 6637'GL	Name of Producing Formation Dakota		Top Oil/Gas Pay 8034'		Tubing Depth 8034'			
Perforations 8034', 8014', 7966', 7948', 7950'					Depth Casing Shoe 8074'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"	9 5/8"		235'		225 cu. ft.			
8 3/4"	7"		3972'		291 cu. ft.			
6 1/4"	4 1/2"		8074'		632 cu. ft.			
	1 1/2"		8034'		tubing			

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 2844	Length of Test 3 hrs.	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pitot, back pr.) Calc. AOF	Tubing Pressure (Shut-in) 1312	Casing Pressure (Shut-in) 2617	Choke Size 3/4"

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.

Al. H. Suarez
(Signature)
Drilling Clerk
(Title)
October 2, 1973
(Date)

OIL CONSERVATION COMMISSION
OCT 3 1973
APPROVED _____, 19____
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.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

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	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

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 29-5 Unit	Well No. 67	Pool Name, including Formation Basin Dakota	Kind of Lease State, (Federal) or Fee	Lease No. SF 078281
Location				
Unit Letter <u>A</u> : <u>1180</u> Feet From The <u>North</u> Line and <u>1180</u> Feet From The <u>East</u>				
Line of Section <u>20</u> Township <u>29N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</u> County				

I. 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	501 Airport Drive, 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	501 Airport Drive, Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 20
	Twp. 29N	Pge. 5W
	Is gas actually connected? When	

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

V. 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 land 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, 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.

(Signature)
(Title)
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 7 1974, 19
BY Original Signed by A. R. Kendrick
TITLE PETROLEUM ENGINEER DIST. NO. 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

Operator PHILLIPS PETROLEUM COMPANY		Well AM No.
Address 300 W ARRINGTON, SUITE 200, FARMINGTON, NM 87401		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input checked="" 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. 67	Pool Name, Including Formation BASIN DAKOTA	Kind of Lease State, Federal or Free	Lease No.
Location Unit Letter A : 1180 Feet From The North Line and 1180 Feet From The East Line Section 20 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 Casinghead 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.	Twp.	Rgn.	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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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APR 01 1991

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. Drilg. & Prod. Engr.
Printed Name
APR 01 1991 (505) 599-3412
Date
Telephone No.

OIL CONSERVATION DIVISION

APR 01 1991

Date Approved

By

Barry Shum

SUPERVISOR DISTRICT #3

Title

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.