Form	93 31
(May	1963)

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

UNITED STATES UNITED STATES SUBMIT IN TRIPLICATE Other instructions on re Other verse side)

SHOOTING OR ACIDIZING

(Other)

Form approved. Budget Bureau No. 42-R1424. DESIGNATION AND SERIAL NO.

ABANDONMENT*

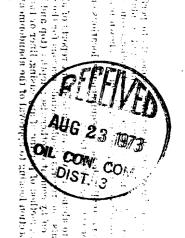
		GEOLOGICAL SURVEY	THO IT VELOU LIAGY	SF 078281
	SUNDRY NOT (Do not use this form for propo Use "APPLIC	ICES AND REPORTS sals to drill or to deepen or plu ATION FOR PERMIT—" for such		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	OIL GAB OTHER			7. UNIT AGREEMENT NAME San Juan 29-5 Uni 8. FARM OR LEASE NAME
2.	El Paso Natural Gas C	Company		San Juan 29-5 Uni
3.	PO Box 990, Farmingt	on, NM 87401		9. WELL NO.
4.	LOCATION OF WELL (Report location of See also space 17 below.) At surface	clearly and in accordance with a 1180'N, 1180'E	ny State requirements.*	10. FIELD AND POOL, OR WILDCAT Basin Dakota
				Sec. 20, T-29-N, R-5-W NMPM
14.	PERMIT NO.	15. ELEVATIONS (Show whether	DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
			6637'GL	Rio Arriba NM
16.			Nature of Notice, Report, or	ဗုဒိန္တု 😄 ခိန္တို႔တူ
	NOTICE OF INTE	ITION TO:	SUBS	EQUENT REPORT OF:
	TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	X REPAIRING WELL
	FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING

(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.)* in the fall

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. cem ent, circulated to surface. WOC 12 hours, held 600#/30 minutes.

ABANDON*

CHANGE PLANS



e. a. Transal Omial

Party and Chale

7

8. I hereby certify that the foregoing is true and correct SIGNED	Drilling Clerk	August 20, 1973
(This space for Federal or State office use)	TITUE	DATE TO SERVICE TO SER
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	74 F 22 1973

Form 9-331 (May 1963)		NITED STATES ENT OF THE INTE	SUBMIT IN TRIPLICATE® (Other instructions on re	
		OLOGICAL SURVEY	TITO IT VELSE BLUE	SF 078281
CLU	NIDDY NOTIC	ES AND REPORTS	ON WELLS	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
			g back to a different reservoir.	
OIL GAS WELL WELL	OTHER			7. UNIT AGREEMENT NAME San Juan 29-5 Unit
2. NAME OF OPERATOR				8. FARM OB LEASE NAME
	tural Gas Cor	npany		San Juan 29-5 Unit
3. ADDRESS OF OPERAT	OR			9. WELL NO.
PO Box 990	Farmington	NM 87401 irly and in accordance with a	ny State requirements.*	10. FIELD AND POOL, OR WILDCAT
See also space 17 b At surface	•	1100'E		Basin Dakota
	1180'N,	1100 E		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
				Sec. 20, T-29-N, R-5-W
14. PERMIT NO.		15. ELEVATIONS (Show whether	DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
			6637'GL	Rio Arriba NM
16.	Check App	ropriate Box To Indicate	Nature of Notice, Report, or C	Other Data
	NOTICE OF INTENTI	ON TO:	SUBSEQ	UENT REPORT OF:
TEST WATER SHUT	-OFF PU	LL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTUBE TREAT	ми	LTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE		ANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL (Other)	СН	ANGE PLANS	(Other) (Note: Report results	s of multiple completion on Well
17. DESCRIBE PROPOSED	If well is directions	TIONS (Clearly state all perticulty drilled, give subsurface le	nent details, and give pertinent dates	eletion Report and Log form.) , including estimated date of starting any all depths for all markers and zones perti-
8-23-73	TD 3972'.	Ran 130 joints 7", 2	0#, K-55 intermediate ca	asing, 3960' set at
			t. cement. WOC 12 hour	
	Top of ceme	nt at 2870'.		
			•	
8-29-73			2", 11.6 and 10.5#, KS p	
			t 8066'. Cemented with	632 cu.ft. cement.
	WOC 18 nour	es. Top of cement	at 3450.	1982년 - 최천 후영 현 1982년 - 최고 왕조 왕조 왕조 (1982년 - 1982년 -
9-5-73	PRTD 8066'	Tested casing to	4000#-OK Perf'd 7948'	7950', 7966', 8014' and 8034
9-5-70		_	d with 50,000# 40/60 san	
		-	Flushed with 5376 gallo	. •
		acil	<i>[0]</i>	
		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
		aluc	1973	
		1 51	A SEP 1	
		/ SEP	W. CO.	
		OIL	4 1973 on. com. ost. 3	
18. I hereby certify th	at the foregoing is t			
SIGNED	M. Succ	TITLE	Drilling Clerk	DATESeptember 11, 1973
(This space for Fe	deral or State office	use)		
APPROVED BY	APPROVAL, IF AN	TITLE		DATE
COMBITIONS OF	IN ALL IN ALL	- ·		ဖြစ်သေားဆီး ကြောင်းရှိနှင့်မြို့

11

EL PASO NATURAL GAS COMPANY

OPEN FLOW TEST DATA

DATE September 17, 1973

Operator		Leose .	
El Paso Natura	1 Gas Company	San Juan 29-5 Un	it #67
Location		County	State
1180/N. 1180/E	Sec. 20 T-29N, R5W	Rio Arriba	New Mexico
Formation	•	Pool	
<u> Nakota</u>		Basin	
Casing: Diameter	Set At: Feet	Tubing: Diameter	Set At: Feet
4.500	8074'	2.875	8034'
Pay Zone: From	То	Total Depth:	Shut In
7948	8034'	8074	9-8-73
Stimulation Method		Flow Through Casing	Flow Through Tubing
Sandwater Frac			Y

Choke Size, Inches		Choke Constant	: C				
750		12,365					
Shut-In Pressure, Casing,	PSIG	+ 12 = PSIA	Days Shut-In	Shut-In Pressure, Tubing	PSIG	+ 12 = PSIA	
2605		2617		1300		1312	
Flowing Pressure: P	PSIG	+ 12 = PSIA		Working Pressure: Pw	PSIG	+ 12 = PSIA	
21	00	222		415		427	
Temperature:		n =		Fpv (From Tables)		Gravity	
T= 65 °F Ft=	.9952	75		1 017		505	Fg = 1 00/11

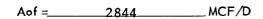
CHOKE VOLUME = Q = C x P, x F, x Fg x Fpv

SEP 19 1973

DIST. 3

OPEN FLOW = Aof = Q
$$\left(\begin{array}{c} 2 \\ P_c \\ P_c \\ P_w \end{array} \right)$$

Aof = Q
$$\begin{pmatrix} \frac{6848689}{6676464} \end{pmatrix}$$
 = (2790) (1.0258) \cdot 75 = (2790) (1.0193)



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 Well Test Engineer

EL PASO NATURAL GAS COMPANY

OPEN FLOW TEST DATA

CORRECTED COPY

DATE September 20, 1973

Operator		Lease	
El Paso Natural Gas Co	mpany	San Juan 29-5 Ur	nit #67
Location		County	State
1180/N. 1180/E Sec. 20	T-29N R5W	Rio Arriba	New Mexico
Formation		Pool	
Dakota		Basin	
Casing: Diameter Se	t At: Feet	Tubing: Diameter	Set At: Feet
4,500	8074'	1 1/2"	8034'
Pay Zone: From To	•	1 1/2" Total Depth:	Shut In
7948	8034'	8074	9-8-73
Stimulation Method		Flow Through Casing	Flow Through Tubing
Sandwater Frac		X	

Choke Size, Inches		Choke Constan	t: C			
.750		12,365				
Shut-In Pressure, Casing,	PSIG	+ 12 = PSIA	Days Shut-In	Shut-In Pressure, Tubing	PSIG	+ 12 = PSIA
2605		2617	9	1300		1312
Flowing Pressure: P	PSIG	+ 12 = PSIA		Working Pressure: Pw	PSIG	+ 12 = PSIA
	210	222		415		427
Temperature:		n =		Fpv (From Tables)		Gravity
T= 65 °F F	t= .9952	75		1.017		.595 Fg = 1.0041

CHOKE VOLUME = Q = C x P, x F, x Fg x Fpv

Q = (12.365)(222)(.9952)(1.0041)(1.017)

Aof =
$$Q$$
 $\begin{pmatrix} 6848689 \\ 6676464 \end{pmatrix}$ = (2790) (1.0258) \cdot 75 = (2790) (1.0193)

Aof = _____MCF/D

Note: Started unloading after 15 min.

with drip and water. Unloaded

for 90 min. Dry flow afterward.

MCF/D

TESTED BY Rhames & Norton

WITNESSED BY_____

William D. Welch

Well Test Engineer

UNITED STATES SUBMIT IN DUPLICATE. DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

(See other instructions on reverse side) Form approved. Budget Bureau No. 42-R355.5.

5. LEASE DESIGNATION AND SERIAL NO.

		GEC	LOGIC	ALS	URVE	'					SF ()78	281	
WELL CO		on or	RECO	MPLI	ETION	REPOR	RT A	N	D LO	G *	6. IF IND	IAN,	ALLOTT	EE OR TRIBE NAME
1a. TYPE OF WE	LL:	WELL	GAS WELL	X	DRY 🗌	Other					7. UNIT A	GREE	MENT !	NAME
b. TYPE OF COM											San 1	uar	1 29-	5 Unit
NEW WELL X	WORK OVER	DEEP-	PLTG BACK		DIFF. EESVR.	Other					S. FARM	OR LE	EASE NA	
El Paso Nat		Compa	nv								9. WELL			- Olik
3. ADDRESS OF OPE				··· ·· ·· ·				·			67	١٥.		
PO Box 990	Farmin	orton N	N/ 97/	Ω1								AND	POOL.	OR WILDCAT
PO Box 990, 4. LOCATION OF WE	LL (Report	location clea	rly and in	accorda	nce with ar	y State re	quiren	nent	8)*		Basir	_		
At surface					N, 1180						1	T., R.,		BLOCK AND SURVEY
At top prod. in	terval report	ed below			- /	,					Į		, T-2	29 - N, R-5-V
At total depth						**					NMP:	M		
			,	14.	PERMIT NO		DA	TE I	SSUED		12. COUNT	Ħ		13. STATE
15. DATE SPUDDED	1 16. DATE	T.D. REACHE	n 17 man	E COMP	t. (Ready t	o prod) I					Rio A			NM
	i					o prou.,	18. E	ELEVA			RT, GR, ETC.)	•	19. ELE	V. CASINGHEAD
8-16-73 20. TOTAL DEPTH, MD	* TVD 21	8-28-73 I. plug. bacı	T.D., MD &	9-17-	73 22. IF MUI	TIPLE CON	IPL	<u>i</u>	6637		ROTARY 1	8,100	· · · · · · · · · · · · · · · · · · ·	CABLE TOOLS
8074'		8066'	·	ļ	How M					LLED BY			ı	CREED TOOLS
24. PRODUCING INTE	RVAL(S), OF	THIS COMPI	ETION-TO	P, BOTTO	M, NAME (MD AND TV	/D)*			->	0-8074		1 25. 3	VAS DIRECTIONAL
					•		•							URVEY MADE
7948-8034'(•											ľ	10	
26. TYPE ELECTRIC												27	7. WAS	WELL CORED
FDC-GR; H	RT; I-GE	R; Temp										<u> r</u>	10	
28.	WEIGHT	LB./FT.	CAS DEPTH SE		CORD (Rep		ings se	et in						
			DEPTH SE			LE SIZE	-			MENTING	RECORD			MOUNT PULLED
9 5/8"	_,	32.3#		235'		3 3/4"				cu.ft.			_ _	
7'' 4 1/2''	11.68	20#		3 <u>972'</u> 3074'		8 3/4'' 6 1/4''				u.ft.				
4 1/2	11.00	10.5π		00/4		0 1/4			032 (u.ft.				
29.		LINE	RECORD		 		!	1	30.		UBING RE	COP		
SIZE	TOP (MD)	ВОТТО	M (MD)	SACKS	CEMENT*	SCREEN	(MD)	-	SIZE		DEPTH SET			CKER SET (MD)
				·			<u> </u>	-	1 1/2		8034'		-	
								- -	_ _ _ _ <u> </u>	'	0004		- -	
31. PERFORATION REC 7948', 7950'				A! 1116	th one	82.		ACII), ѕнот	FRACT	URE, CEME	NT S	QUEEZ	ZE, ETC.
shot per foo		0014 6	ilia ooo	T WI	in one	ļ			(MD)		OUNT AND K			
snot per 100						7948	<u>-803</u>	34'		50,00	00#sand;	<u>57</u>	, 204	gal. water
•				* *					LOS	//\Z\	\mathcal{L}			
								-I	H	117	<u>~</u>			
33.*			····	···	PROI	OUCTION		4	K T n	<u> </u>	-77-\			
DATE FIRST PRODUCTS	ION 1	PRODUCTION			gas lift, pi		ize and	typ	e of pur			L STA	ATUS (F	Producing or
DATE OF TEST	HOURS TES	TED LOS	foke size	lowin	~			7	OCI	-N	COM	S	shut i	
	_	- 1			D'N. FOR T PERIOD	OILBB	L.	1	GAS-MC	むいご	3 ATE	BL.	GAS	-OIL RATIO
9-17-73 FLOW. TUBING PRESS.	CASING PRE		/4"	011-	BBL.		3МСЕ		7012	DIST.				
	ŀ	24	-HOUR RAT	E	вы.	1			- Ad	WATER T (D	BBL.	OI	L GRAVI	TY-API (CORR.)
SI 1312 84. DISPOSITION OF G.	SI 26 AS (Sold, use		ented, etc.)			20	44 P	4 O I	- - МФ	F/D	TEST WITN			
			,											D. Norton
35. LIST OF ATTACHN	MENTS													Z. HOLLOH
00.00									10	1 12 1	I W E			
86. I hereby certify	that the for	egoing and	attached in	formati	on is comp	ete and co	rrect	as d	etermine	d from	ill available	reco	rds	· · · · · · · · · · · · · · · · · · ·
SIGNED /	<u> 12.</u> 12.	Duc.	1.41	~	TITLE	rillino	Cle	rk				۾ آيا. ڪسمب	/:)ctob	er 2, 1973
					LAND _L				0	CT	4 1973	<u> </u>		

লাজ্য প্ৰস্ক



871-233

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 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 be extent required by applicable Federal and/or State laws and regulations. All attachments

Hems 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.

Hem 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.

Hem 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.) should be listed on this form, see item 35.

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

TOP INCIDIA DESCRIPTION, CONTENTS, ETC. NAME ALGAS DOWNTON TO CHACK CHACK	TERVAL	DEFTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING					
Pictured Cliffs no Chacra Mesa Verde 53398' Point Lookout 5776' Gallup 6835' Greenhorn 7746' Graneros 7798' Dakota 7932'		TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.		J.	ď
Pictured Cliffs Chacra Mesa Verde Point Lookout Gallup Greenhorn Graneros Dakota						MEAS. DEPTH	TRUE VERT. DEPTH
Pictured Cliffs Chacra Mesa Verde Point Lookout Gallup Greenhorn Graneros Dakota			-				
Chacra Mesa Verde Point Lookout Gallup Graneros Dakota					13: 15 to 2: 10: 10: 10: 10: 10: 10: 10: 10: 10: 10	£	
Chacra Mesa Verde Point Lookout Gallup Graneros Dakota					Fictured Cities	OT	
Mesa Verde Point Lookout Gallup Greenhorn Graneros Dakota					Chacra	1	
Point Lookout Gallup Greenhorn Graneros Dakota					Mesa Verde	5398	
Callup Greenhorn Graneros Dakota					D-1-1 H +-1-1-4	9/00	
Gallup Greenhorn Graneros Dakota					Point Lookout	.0//c	
Graneros Dakota				* * * * * * * * * * * * * * * * * * * *	Gallup	6835	
			-		Greenhorn	7746	
					Graneros	1484	<u> </u>
· · ·					Dakota	7932'	
				•		- ,	
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EL PASO NATURAL GAS COMPANY

DEVIATION REPORT

Name Of	Compony El Paso Natural Gas Comp	any	Addres P		90, Farmington	n, 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		DEVIATION
120°		1/2°
240'		1/2°
752 '		3/4°
1350'		1/2°
1828'		3/ 4°
2280'		1 1/2°
2480'	,	1/4°
2880 '		1 1/4°
3380'	% •	1°
3565'		3/ 4°
4530 '		1 1/4°
5050'		1/4°
5560 '		1 1/2°
6070 '	•	1/4°
6576 '	•	1/4°
7075'		1/2°
7570'	RECEIVED	1 1/2°
	OCT 3 1973 OIL CON. COM. DIST. 3	

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.

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

Notary Public in and for San Juan County, New Mexico

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SANTA FE	/		
FILE	1		
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL	/	
, , , , , , , , , , , , , , , , , , ,	GAS	1	
OPERATOR	/		
PRORATION OF			

NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE Effective 1-1-65 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator El Paso Natural Gas Company PO Box 990, Farmington, NM 87401 Uther (Please explain) Reason(s) for filing (Check proper box) Change in Transporter of: New Well Dry Gas Recompletion Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE Kind of Lease Lease No. Well No. Pool Name, Including Formation State (Federal of Fee 078281 San Juan 29-5 Unit 67 Bas in Dakota Location 1180 1180 North Feet From The Feet From The Unit Letter 5W Rio Arriba 29N 20 County NMPM, Range Township Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate 🗶 PO Box 990, Farmington, NM
Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Company or Dry Gas X Name of Authorized Transporter of Casinghead Gas PO Box 990, Farmington, NM El Paso Natural Gas Company Is gas actually connected? Unit 29N 5W If well produces oil or liquids, give location of tanks. 20 If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Plug Back | Same Resty. Diff. Resty. Gas Well Oil Well Designate Type of Completion - (X) P.B.T.D. Total Depth Date Compl. Ready to Prod. Date Spudded 8074 8066 9-17-73 8-16-73 Tubing Depth Top OCI/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Nume of Producing Formation 8034 8034' Dakota 6637'GL Depth Casing Shoe 8074' 8034', 8014', 7966', 7948', 7950' TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 13 3/4" 225 cu.ft. 2351 9 5/8" 3972 291 cu.ft. 8 3/4" 632 cu.ft. 4 1/2" 6 1/4" 8074' 1 1/2" tubing 8034' (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow gas lift, etc.) Date First New Oil Run To Tanks Date of Test Casing Press Tubing Pressure Length of Test 1913 Water - Bbls. Oll-Bhia. Actual Prod. During Test $co_{\mathcal{N}^{\cdot}}$ CF DIST **GAS WELL** Gravity of Condensate Length of Test Actual Prod. Test-MCF/D hrs 2844 Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) 3/4" 2617 Calc. AOF OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE 3 1973 OCT APPROVED. 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. Original Signed by Emery C. Arnold SUPERVISOR DIST. #3 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 weil, 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. Drilling Clerk (Title) Fill out only Sections I, II, III, and VI for changes of owner, name or number, or transporter, or other such change of condition. October 2, 1973 Separate Forms C-104 must be filed for each pool in multiply

ſ	NO. OF COPIES BECE	- = <u>-</u>	1 %	1													
DISTRIBUTION						N	EW ME	XICO OIL (CONSERVAT	ION COMMIS	SION	Fb	Form C -104				
	SANTA FE								FOR ALLO			Su	Supersedes Old C-104 and C-110				
	FILE					`		AND					Effective 1-1-65				
	U.S.G.5.		1		Al	ITHORI	ZATIO	N TO TR	ANSPORT (OIL AND N	ATURAL G	AS					
	LAND OFFICE				, , ,	31110111											
	IRANSPORTER	OIL															
1		GAS															
	OPERATOR												•				
	PRORATION OF	ICE	<u> </u>														
	Operator North	west	Pipe	line	Corp	Corporation											
ı	Address														İ		
	501 A	irpor	t Dr	ive.	Fari	ningto	n. Ne	w Mexic	o 87401								
	Reason(s) for filing								0	ther (Please	explain)						
	New Well				Cho	ange in Tr	ansporte	er of:									
	Recompletion				Oil			Dry G	as X						- 1		
1	Change in Ownership	\overline{X}			Cas	singhead (Gas 🔲	Conde	nsale 🔀 📗								
	and address of prev				LEASE	II No I Do	ol Name	, including	Formation		Kind of Lease			Lec	se No.		
	Lease Name	n Juai	n 29	-5 T		7		n Dakota			State,(Federa)	or Fee	SF	078			
	<u></u>	II Juan	1 2 /	-5 (Jiiiq O		Dubi	II Danote			<u>^</u>			1			
	Location Unit Letter	A _	_ :	118	30F	et From T	the No	orth L	ne and 1180)	_ Feet From T	he	<u>Ea</u>	st			
	-		_				201	_	EW	MARIA		Rio	Arriba		County		
	Line of Section			Tow	mship		29N	Range	5W	, NMPM,		1/10	AIIWa				
ī.	DESIGNATION C	F TR	<u>ANSP</u>	ORT	ER OF	OIL A	ND NA	TURAL G	AS	ine address to	which approv	ed copy of	this form is to	be se	nt)		
	Neme of Authorized						ensate	للا									
	North	west	Pipe	line	e Corp	Corporation				irport Dr	ive, Farr	ed copy of	this form is to	be se	nt)		
	Name of Authorized North	d Cas eline	e Corporation				Address (Give address to which approved copy of this form is to be sent) 501 Airport Drive, Farmington, New Mexico 87						87401				
				Unit Sec. Twp. P.ge.				Is gas actually connected? When									
	If well produces oil give location of tan	ks.	as,		A	¦20_	29	N : 5W									
	If this production i		ingle	d wit	h that f	rom any o	other le	ase or pool						I 5::	II Deste		
٧.	Designate Ty		Comp	letio	on – (X)	Well	Gas Well	New Well	Workover	Deepen	Plug Bac	k Same Res	v. DII	II. Res'v.		
	Date Spudded			ompl. Rea	dy to Pr	od.	Total Dept	P.B.T.D.	P.B.T.D.								

Name of Producing Formation

CASING & TUBING SIZE

Top Oil/Gas Pay

DEPTH SET

TUBING, CASING, AND CEMENTING RECORD

Date Spudded

Perforations

Elevations (DF, RKB, RT, GR, etc.)

HOLE SIZE

ł												
-		 										
l		AT ATT OWNER OF ATT ATT ATT	for recovery of total values of load	oil and must be equal to or exceed top allow-								
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (lest must be able for this d	epsh or be for full 24 hours									
	OIL WELL	Date of Test	Deeducing Method (Flow pamer)	selift. etc.)								
	Date First New Oil Run To Tanks	Date of Teat	/011.1	V L								
- 1			Casing Pressure	Choke Size								
	Length of Test	Tubing Preasure		0 10/4								
-			Water-Bbls.	Gas - MCF								
ı	Actual Prod. During Test	Oil-Bbls.	Water-Bols.									
- 1	•		OIL CON									
1	DIST											
	GAS WELL											
1	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate								
- 1												
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size								
,	1 SELING WEINER (brior) pages been											
į			OIL CONSE	RVATION COMMISSION								
YI.	CERTIFICATE OF COMPLIAN	ice										
	•		APPROVED FEB	7 1974 19								
	I hereby certify that the rules and	regulations of the Oil Conservation		Tondrink								
		with and that the information giver the best of my knowledge and belief.										
	above is true and complete to the	to best of my man a		ENGINEER DIST. NO. 3								
			TITLE									
			This form is to be filed	in compliance with RULE 1104.								
			Il de la clientable for a nawly drilled or despens									
	(\$:-	natwe)	11	MARKING DV B (SOUTHLING OF THE STREET								
	(218	nature)	tests taken on the well in a	cordance with NOCE								
			All sections of this form	n must be filled out completely for allowed wells.								
	100	ille)		T TE TEE AND IN for changes of OWNER,								
			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									
		Date)	Separate Forma C-104	must be filed for each pool in multiply								
			completed wells.									
			•									

Tubing Depth

Depth Casing Shoe

SACKS CEMENT

DISTRICT! F.O. BOR 1980, Hobbe, 10M \$8240 DISTRICT A P.O. DITTON DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 8" 504-2088

DISTRICT III 1000 Rio Brazos Rd., Azlec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

TO TRANSPORT OIL AND NATURAL GAS												
Operator		_					Well A	PI No.				
PHILLIPS PETROLEUM C	COMPANY											
Address 300 W ARRINGTON, SUI	TF 200) FAR	MTNG	ron NM	87401					٠.		
Resson(s) for Filing (Check proper box)	110 200	7, 11114	11110			e (Please expla	ia)					
Now Well		Charge in	Тимер	orter of:	_							
Recompletion 🔲	Oil		Dry G									
Change in Operator [X]		4 Out []										
f change of operator give name Non	thwest	Pipe	line	Corp.,	3535 E.	30th, F	armingt	on, NM	87401			
L DESCRIPTION OF WELL	ANDIE	A CP										
Lose Name	AJIV LC.	Well No.	Pool N	lams, Includi	ng Formation		Kind (Lease	ī	eass No.		
SAN JUAN 29-5	Unit	67		ASIN D			Succe,	Pederal or Bu	K			
Location												
Unit Letter	: 11	80	. Feet P	rom The	lorth Line	and11	80 F	et From The .	East	l.lne		
						ъ:				_		
Section 20 Township	P	29N	Russe	5 W	,10	IPM, R1	o Arr	тра		County		
	CDADTE	ים אם מי	TI A.S.	ID MATTE	D.1. C.16							
II. DESIGNATION OF TRAN	SPURIE	or Conde	IL AP		Address (Give	address to wh	ich arcrond	copy of this f	orm is to be a	ent)		
Gary Energy				(X)		3ox 159						
Name of Authorized Transporter of Caring	thead Oas		or Dry	Om (XX)		address to wh						
Northwest Pipeline Cor					P.O. Bo	x 58900.	SLC. I	Itah 84	158-090	0		
Y well produces oil or Equids,	Unit	Sec.	Lak	Rge	is gas schmit	connected?	Whea	Attn:	Claire	Potter		
ive location of tanks.		L	<u> </u>		<u> </u>		L					
f his production is commingled with that i	from any of	her least or	pool, gi	As commissing	ing order sumi	×r						
V. COMPLETION DATA		Ol Well		Ou Well	New Wall	Workover	Deepea	Plus Back	Same Res'V	Diff Res'v		
Designate Type of Completion	- (X)	1	' i	Jan 1112		, wasana	j,	i	i	_i		
Date Spudded	Date Com	pl. Ready to	hot		Total Depta			PATA.				
	<u> </u>											
Devations (DF, RKB, RT, GR, etc.)	Name of 7	roducing F	ormatica		Top Dil/Cos	ray .		Tubing Dep	Tubing Depth			
	L				I							
Perforations								Depth Casi	•			
	-	TUBING.	CAS	NG AND	CEMENTI	NG RECOR	D	· 				
HOLE SIZE		SING & TI			1	DEPTH SET		SACKS CEMENT				
	l											
	ļ				ļ			 				
	 				 			 				
Y. TEST DATA AND REQUES	TFOR	III	A DI E	-	<u></u>			ــــــــــــــــــــــــــــــــــــــ				
OIL WELL (Test must be ofter to	icovery d'il	otal volume	of lood	oil and must	be acrual to or	exceed top all	moble for th	is depth or be	for full 24 No	-m)		
Date First New Oil Run To Tank	Date of Te		7		Producing M	thod (Flow, pu	mp, gas lift.	ac.)				
	<u> </u>							- M	FAS	1 10		
を持ててた	Tubing Pri	CERLIFE			Casing Press	170		Cooles	the for the	" (,)		
	- NI				Water - Bbla			Gu- KC	Gu-MGF ADD A1 1991			
Actual Frod. During Test	mi Pyod. During Test Oil - Bbbs.							APR 01 1991				
	<u>. </u>							0	II CO	4. DIV		
GAS WELL	Length of	Tare			Bbla. Condes	SEAMACE.		Qravity.gl		13		
Actual Froil Test - MCF/D					But Cook		ĺ					
Testing Method (pilot, back pr.)	Tubing Pr	esente (22)	(1)		Casing Pross	ne (Spot le)		Choke Siz	•			
The second secon	1		•		1			<u> </u>				
VL OPERATOR CERTIFIC	ATE OF	COM	PLJA	NCE			1050	ATION	DIVICI	ON		
I have smile that the rules and regula	ations of the	: Oil Consc	rvatios		OIL CONSERVATION DIVISION							
Principle have been complied with and	that the info	rmstice giv	ves abo	w	APR 0 1 1991							
is true and complete to the best of my i	rana sosta s				Date Approved							
LEKolina		1 2 A 1										
Senature	r. Drl		· · · ·	T	By But Hand							
	SUPERVISOR DISTRICT #3											
Printed Name APR 0 1 1991 (Title											
Dete			lephoos	No.								
									- Carrier 1970			

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 ! orm C-104 must be filed for each pool in multiply completed wells.