	NO. OF COPIES RECEIVED 15	1						
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	SANTA FE /	1	CONSERVATION COMMISSION	Form C-104				
	FILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-1 Elioctive 1-1-65	04 and C-11			
	U.S.G.S.	AUTHODIZATION TO TO	AND					
	LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL G	AS				
		1						
	IRANSPORTER GAS /	1						
	OPERATOR /	†						
ī	PRORATION OFFICE	1						
	Operator	<u></u>						
	Northwest Pipeline Corporation							
	Address							
	P.O. Box 90 Far	mington, New Mexico 8740	01					
	Reason(s) for filing (Check proper box,)	Other (Please explain)	· · · · · · · · · · · · · · · · · · ·				
	New Well	Change in Transporter of:						
	Recompletion	O11 Dry Ga	ıs 🔲					
	Change in Ownership	Casinghead Gas Conder	nsate					

	If change of ownership give name and address of previous owner							
	and address of previous owner							
11.	DESCRIPTION OF WELL AND	LEASE						
	Lease Name	Well No. Pool Name, Including F		, .	_ease No.			
	San Juan 29-6 Unit	106 Basin Dakota	State, Federal	or Fee Federal NN	<u>1_03</u> 04บผู้			
	Location							
	Unit Letter 77 800 Feet From The South Line and 990 Feet From The West							
	Line of Section 31 Tow	vnship 29N Range	6W , NMPM, Rio A	rriba	County			
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	AS					
	Name of Authorized Transporter of Cil	- A	Address (Give address to which approv		•			
	Northwest Pipeline Co	- ·	P.O. Box 90 Farmingto					
	Name of Authorized Transporter of Casinghead Gas or Dry Gas 📉		Address (Give address to which approved copy of this form is to be sent)					
	Northwest Pipeline Corporation P.O. Box 90 Farmington, New Mexico 87401							
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n				
	give location of tanks.	1 1 1	no					
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:					
IV.	COMPLETION DATA				5.77 5			
	Designate Type of Completio	on - (X) Gas Well X	New Well Workover Deepen	Plug Back Same Resty. I	Diii, Res'v,			
		i						
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	12-8-74	12-24-74	8100	8050				
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
	6822' GR	Basin Dakota	7882	8013'				
	Perforations			Depth Casing Shoe				
	/882-8016	7882-8016						
		TUBING, CASING, AND	CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	r			
	13-3/4	9-5/8	302	280	<u> </u>			
	8-3/4	7	3900	165				
	6-1/4	4-1/2	8084	320				

(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

8013

APPROVED ...

BY.

TITLE _

Date First New Oil Run To Tanks	Date of Test	Producing Mathod (Flow, pump, gas 11)1, etc./	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Cil-Bbls.	Water - Bbis.	Gae - MCF

GAS WELL Gravity of Condensate Actual Frod. Test-MCF/D Length of Test Bble, Condensate/MMCF AOF 3817 CV-3718 3 hours Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size 3/4" 1 pt. potential 2515 2522 OIL CONSERVATION COMMISSION JAN 1 0 1974

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.

1-1/2

Osse Stenley
O.B. Whitenburg (Signature) js Production & Drilling Engineer
(Title)
January 9, 1975

This form is to be filed in compliance with RULE 1104.

SUPERVISOR DIST. #3

If this is a request for allowable for a newly drilled or despende well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with NULE 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 nompleted wells.