NO. OF COPIES RECLIVED			5		
DISTRIBUTION					
SANTA FE					
FILE					
U.S.G.S.					
LAND OFFICE			<u> </u>		
TRANSPORTER	OIL	1			
	GAS	1			
OPERATOR					
		1 1	1		

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

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FILE / " U.S.G.S. LAND OFFICE	AUTH	ORIZATION TO TRA	AND NSPORT OIL AN		Effective 1-1-6	55	
OPERATOR PRORATION OFFICE Operator							
Northwest Pipe	line Corpo	oration					
P. O. Box 90 Reason(s) for filing (Check proper by	Farm	Lington, New Mex		401 ease explain)			
Reason(s) for filing (Check proper by New Well		in Transporter of:	Other (7 te	ase explain)			
Recompletion Change in Ownership	Oi! Casingh	Dry Gas	FF				
If change of ownership give name and address of previous owner	· · · · · · · · · · · · · · · · · · ·						
DESCRIPTION OF WELL AN	D LEASE	. Pool Name, Including Fo	ermation	Kind of Lease		Lease No.	
San Juan 29-6 Unit	j	Blanco Mesa Ve		XXXXX Federal	xx <sup>x</sup> x	NM03040-A	
Location Unit Letter 0 ;	800 Feet Fi	rom The <u>South</u> Line	e and <u>1570</u>	Feet From Ti	heEast		
Line of Section 31	rownship 291	N Range	6W , NA	ирм, Rio Ar	riba	County	
. DESIGNATION OF TRANSPO	RTER OF OU	L AND NATURAL GA	Address (Give addre	ess to which approve	ed copy of this form is	to be sent)	
Name of Authorized Transporter of C	. Corporati	lon	P. O. Box	c 90 Farm	ington. New Me	exico	
Name of Authorized Transporter of (	Casinghead Gas (	or Dry Gas	1	P. O. Box 90 Farmington, New Mexico			
Northwest Pipeline If well produces oil or liquids, give location of tanks.	Unit Se	rc. Twp. Rge.	Is gas actually connected? When No				
If this production is commingled . COMPLETION DATA				· · · · · · · · · · · · · · · · · · ·		-1. [5)// 54.	
Designate Type of Comple		Oil Well Gcs Well	New Well Workov	ver Deepen	Plug Back   Same Re	s'v. Diff. Res'v.	
Date Spudded 8/2/75	Date Compl.	Ready to Prod.	Total Depth		P.B.T.D. 6031'		
Elevations (DF, RKB, RT, GR, etc.		ducing Formation	Top Oil/Gas Pay		Tubing Depth		
6805 GR	Mesa Ve	erde	5418		Depth Casing Shoe		
5418' - 5988' w/20	) shots		CENTURE DEC		6075'		
HOLE SIZE	CASIN	TUBING, CASING, AND	I	H SET	SACKS CE	MENT	
13 3/4"		5/811	233		180	1	
8 3/4"		1/2" Liner	4000' Top 3716' -		150 215	i	
. TEST DATA AND REQUEST	COD ATTOW	ADIE (Test must be a	for recovery of total	volume of load oil t	and must be equal to or	exceed top allow-	
OIL WELL		able joi this de	11218 01 00 701 7000 22 1	hours) Flow, pump, gas life			
Date First New Oil Run To Tanks	Date of Tes	/17/75	Flow				
Length of Test	Tubing Pres		Casing Pressure		Chales Size		
Actual Prod. During Test	Oil-Bbls.		Water-Bbls.		Garage Co	3/3/	
			,		1200	Olg.	
Actual Prod. Test-MCF/D	Length of T	act	Bbls. Condensate/	MMCF	Gravity of Continuat		
CV 3093 AOF 6309 Testing Method (pitot, back pr.)	3	hrs.	Casing Pressure (&	Shut-in)	Choke Size		
One Point Back Pro	ł		801 PSI	G	0.750 Va		
I. CERTIFICATE OF COMPLIA	ANCE		OIL CONSERVATION COMMISSION  SEP 1 1975				
I hereby certify that the rules at Commission have been compile above is true and complete to	d with and the	it the information given	By Original	Signed by A	. R. Kendrick		
W. W. Man	mælli		TITLE SUPERVISOR DIST. #3  This form is to be filed in compliance with RULE 1104.				
Petroleum Enginee	r		If this is s	request for allow	vable for a newly dri	lied or deepened of the deviation	
Petroleum Engineer (Signature) September 3, 1975			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 allow-				
<u> </u>	(Title)			nd recompleted we	118.		
(Date)			li well name or nu	umber, or transport Forms C-104 mus	I, III, and VI for che ter, or other such che t be filled for each	III C. C. C.	
			it completed well	- ·	-		