

DISTRIBUTION			
SANITARY			
FILE			
U.S.G.S.			
LAND OFFICE			
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

Operator	
Northwest Pipeline Corporation	
Address	
P.O. Box 90 Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
San Juan 29-6 Unit	2A	Blanco Mesa Verde	State Federal or Free	SF 078278
Location				
Unit Letter F ; 1810 Feet From The West Line and 1545 Feet From The North				
Line of Section 14 Township 29N Range 6W , 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"/>	Address (Give address to which approved copy of this form is to be sent)
Northwest Pipeline Corporation	3539 East 30th 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	3539 East 30th Farmington, New Mexico 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	No

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

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
10-14-75	11-1-75	6207'	6165'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
6770' GR	Mesa Verde	5462'	6118'					
Perforations 1 shot @ 5462', 5476, 5484, 5504, 5518, 5526, 5534, 5542, 5550, 5560, 5614, 5630, 5638, 5692, 5726, 5747, 5824, 5866, 5874, 5902, 5926, 5940, 5948, 5956, 5960, 5966, 5973, 5998, 6034, 6042, 6122, 6132			Depth Casing Shoe					
			6199'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	213	180					
8 3/4"	7"	4013'	160					
6 1/4"	4 1/2" Liner	Top 3494'-6199'	215					
-----	2 3/8"	6118'						

V. TEST DATA AND REQUEST FOR ALLOWABLE (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.)	
	11-10-75	Flow	
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
CV 2751 AOF 12417	3 hrs.		
Testing Method (pitot, back pr.)	Tubing Pressure (inlet-in)	Casing Pressure (inlet-in)	Choke Size
One Point Back Press.	596 PSIG	708 PSIG	0.75 variable

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.

D. H. Maroncelli
D.H. Maroncelli
Production Engineer
(Title)
11-13-75
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 18 1975, 19
BY Supervisor Signed by A. R. Kendrick
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.