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TRANSPORTER	OIL <input type="checkbox"/>
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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-11
 Effective 1-1-65

Operator
Northwest Pipeline Corporation

Address
P.O. Box 90, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

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

DESCRIPTION OF WELL AND LEASE

Lease Name: **San Juan 29-6 Unit** Well No.: **61A** Pool Name, Individual Formation: **Blanco Mesa Verde** Kind of Lease: **XXXXXXXXXX Fee** Lease No.: _____

Location
 Unit Letter: **C** : **815** Feet From The **North** Line and **1730** Feet From The **West**
 Line of Section: **19** Township: **29N** Range: **6W** : **19WPM**, **Rio Arriba** County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)
Petro Source Inc. **1979 So 700 West, Salt Lake City, Utah 84104**

Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company **P.O. Box 990, Farmington, New Mexico 87499**

If well produces oil or liquids, give location of tanks. Unit: **C** Sec: **19** Twp: **29N** Rge: **6W** Is this already connected? _____

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

COMPLETION DATA

Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Some Restv. Drill. Restv.

Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ P.B.T.D. _____

Elevations (DF, RKB, RT, GA, 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

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Donna J. Brace
 Donna J. Brace (Signature)
 Production Clerk (Title)
 December 9, 1982

OIL CONSERVATION COMMISSION
 APPROVED **DEC 27 1982**, 19____
 BY **Original Signed by CHARLES GNOLSON**
 TITLE **DEPUTY OIL & GAS INSPECTOR, DIST. #5**

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, number, or transport.