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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-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)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☒
Other (Please explain)

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. 65A Pool Name, Including Formation Blanco Mesa Verde Kind of Lease XXXXXXXX or Fee Lease No.
Location
Unit Letter J 1550 Feet From The South Line and 1550 Feet From The East
Line of Section 19 Township 29N Range 6W COUNTY Rio Arriba County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil or Condensate X Petro Source Inc. Address (Give address to which approved copy of this form is to be sent) 1979 So 700 West, Salt Lake City, Utah 84104
Name of Authorized Transporter of Casinghead Gas or Dry Gas X El Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, New Mexico 87499
If well produces oil or liquids, give location of tanks. Unit J Sec. 19 Twp. 29N Rge. 6W Is this actually connected? When

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 Res'n. Diff. Res'n.
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RKB, RT, CR, 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 (Test must be after recovery of total volume of lead oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Oil Well
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 (pilot, 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 (Signature) B
Donna J. Brace (Title) Production Clerk
December 9, 1964
OIL CONSERVATION COMMISSION
APPROVED DEC 27 1964, 19
BY Original Signed by CHARLES S. L. ON
DEPUTY OIL & GAS INSPECTOR, DIST. #2
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 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, lease, or transportation.