DISTRIBUTION **NEW MEXICO OIL CONSERVATION COMMISSION** SANTA FE REQUEST FOR ALLOWABLE upersedes Old C-104 and C-110 Effective 1-1-65 FILE AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE **IRANSPORTER** GAS 2 OPERATOR PRORATION OFFICE Northwest Pipeline Corproation 87401 Box 90, Farmington, New Mexico Other (Please explain) Reason(s) for filing (Check proper box) New Well \mathbf{x} Change in Transporter of: Dry Gas Recompletion Condensate Change in Ownership Casinahead Gas If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE. | Well No. | Pool Name, Including Formation Kind of Lease Lease No. XXXX, Federal XXXX SF 078426 73A San Juan 29-6 Unit Blanco Mesa Verde Location 820 820 Feet From The North Line and West Feet From The Unit Letter 29N 6W , NMPM, Rio Arriba Township Range Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil P.O. Box 90, Farmington, New Mexico 87401 Address (Give address to which approved copy of this form is to be sent) Northwest Pipeline Corporation Name of Authorized Transporter of Casinghead Gas or Dry Gas X P.O. Box 990, Farmington, New Mexico 87401 El Paso Natural Gas Company Unit Twp. Is gas actually connected? P.ge. When If well produces oil or liquids, give location of tanks. No If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well New Well Plug Back Same Res'v. Diff. Res'v. Workover Designate Type of Completion - (X) Date Compl. Ready to Prod. Total Depth Date Spudded 1-28-77 56691 5632**'** 12-22-76 Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oll/Gas Pay Tubing Depth 6394 GR 5019 Mesa Verde Depth Casing Shoe Perforations 5019' - 5552' 56651 with 24 shots TUBING, CASING, AND CEMENTING RECORD DEPTH SET SACKS CEMENT CASING & TUBING SIZE HOLE SIZE 12 1/4" 9 5/8" 241' 115 8 3/4" 7" 3643¹ 150 4 1/2" Liner 3425**'** -6 1/4" 5665**'** <u>553</u>4 2 3/8" Tubing V. 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) OIL WELL Producing Method (Flow, pump, gas lift, etc.), Date of Test Date First New Oil Run To Tanks F1ow 1-28-77 Casing Pressure Tubing Pressure Length of Test Water - Bbls. Gas - MCF Oll - Bbls. Actual Prod. During Test DIST. 3 **GAS WELL** Gravity of Condensat Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF CV 6809 AOF 12,780 3 Hrs. Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) Back Pressure 860 PSIG 861 PSIG 48/64

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 (Signature)
D.H. Maroncelli (Signature)
Production Engineer
(Title)

January 31, 1977 (Date)

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

EURERO ESOR DIST. #3

APPROVED

TITLE

Original Signed

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.

OIL CONSERVATION COMMISSION

 $j \in I$

Tendrick

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.