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	DISTRIBUTION SANTA FE (FILE / U.S.G.S.	REQUEST	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65						
1.	TRANSPORTER OIL / GAS / OPERATOR 7									
	Northwest Pipeline Corporation									
P.O. Box 90 - Farmington, New Mexico 87401										
Reason(s) for filing (Check proper box) New Weli X Change in Transporter of:										
	Recompletion Change in Ownership	Oil Dry Ga Casinghead Gas Conden								
	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									
	Sar Juan 29-5 Unit	17A Blanco Mesa	Verde XXX, Feder	gl XXX. 5F 078642						
		O Feet From The South Lin	e and 1100 Feet From	The East						
	Line of Section 5 Tow	waship 29N Range	5W , NMFM, Rio	Arriba County						
ш.	DESIGNATION OF TRANSPORT	or Condensate 😴	S Address (Give address to which appro	oved copy of this form is to be sent)						
Northwest Pipeline Corporation Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is				Farmington, N.M. 87401 oved copy of this form is to be sent)						
	Northwest Pipeline Co	rporation Unit Sec. Twp. Rge.	3539 East 30th St	Farmington, N.M. 87401						
	If well produces oil or liquids, give location of tanks.		No							
	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,								
	Designate Type of Completion	on - (X) Gas Well X	New Well Workove: Deepen	Plug Back Same Resiv. Diff. Resiv.						
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						
	5-29-77 Elevations (DF, RKB, RT, GR, etc.)	6-17-77 Name of Producing Formation	6038 Top Oil/Gas Pay	6000* Tubing Depth						
	6732 GR	Mesa Verde	5579	5970'						
	Perforations 5582 - 5977 w/	25 holes		Depth Casing Shue 6033						
	TUBING, CASING, AN		CEMENTING RECORD							
	HOLE SIZE 12 1/4"	9 5/8"	DEPTH SET	SACKS CERTENT						
	8 3/4"	9 3/8	192 4038	125 sks 150 sks						
	6 1/4"	4 1/2" liner	6033-3919	210 sks						
		2 3/8" tubing	5970							
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to a soll 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.)		lift, etc.								
	Length of Test	6-17-77 Tubing Pressure	Flow Casing Pressure	Choke Size						
		Oil-Bbls.	Water - Bbls.	Sas-MCF						
	Actual Prod. During Test	On-Sbib.								
	GAS WELL Actual F.od. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate						
	CV-4583 AOF-7277	3 hrs.								
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) 697	Choke Size 48/64						
1/1	Back Pr. CERTIFICATE OF COMPLIANCE	640	·	ATION COMMISSION						
V 1.				, 19						
	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 complite to the best of my knowledge and belief.		BY Original Signed West SUPERVISOR DIST.							
D.H. Maroncelli (Signature) Sr. Drilling Engineer (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.							
						ment a smile Constant T	must a make a make a vi till and VI for changes of owner,			
							(Date)		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.		