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TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
 Supersedes Old C-104 and C-110
 Effective 1-1-65

I. Operator
 Northwest Pipeline Corporation
 Address
 P.O. Box 90, Farmington, New Mexico 87499
 Recount(s) for filing (Check proper box) Other (Please explain)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Gasoline Gas Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 29-5 Unit	Well No., Well Name, Production Formation 7A Blanco Mesa Verde	Kind of Lease XXX, Federal XXXXX	Lease No. SF 078277
Location Unit Letter <u>I</u> <u>1700</u> Feet from the <u>South</u> Line and <u>810</u> Feet from the <u>East</u> Line of Section <u>7</u> Township <u>29N</u> Range <u>5W</u> <u>13N14E</u> 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"/>	Name of Authorized Transporter of Gasoline Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (where address to which approved copy of this form is to be sent)
Petro Source Inc.	Northwest Pipeline Corporation	1799 So 700 West, Salt Lake City, Utah 84104 P.O. Box 90, Farmington, New Mexico 87499
If well produces oil or liquids, give location of tanks.	Unit <u>I</u> Sec. <u>7</u> Twp. <u>29N</u> Rge. <u>5W</u>	Is well actually connected? <input type="checkbox"/>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded	Date Comp. Ready to Prod.	Total Depth	R.B.N.D.					
Elevations (DF, RAB, AT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Flow	Tubing Depth					
Perforations		Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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.)		
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	

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.

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

OIL CONSERVATION COMMISSION
 APPROVED _____, 19____
 BY Charles Holton
 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, well name or number, or transporter, or other such change of condition.
 Form O-104 must be filed for each pool in multiply

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

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

RECEIVED

JAN 09 1985

OIL CON. DIV.

DIST. 3

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 29-5 Unit	Well No. 7A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease XXX , Federal XXX	Lease No. SF 078277
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Location
Unit Letter I ; 1700 Feet From The South Line and 810 Feet From The East

Line of Section 7 Township 29N Range 5W , 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)
UPG, Inc.	P.O. Box 66, Liberal, Kansas 67901
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	P.O. Box 90, Farmington, New Mexico 87499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	I 7 29N 5W

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Linda S. Marques B

Linda S. Marques (Signature)
Production and Drilling (Title)

January 7, 1985 (Date)

OIL CONSERVATION DIVISION

APPROVED _____ JAN 9 1985

BY Frank [Signature]

TITLE SUPERVISOR DISTRICT # 3

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

If this is a request for allowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the deviatric tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditio:

Separate Forms C-104 must be filed for each pool in multipl: completed wells.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
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OIL CON. DIV.
DIST. 3

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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
Northwest Pipeline Corporation

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

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input checked="" type="checkbox"/> Condensate		
<input type="checkbox"/> Change in Ownership				

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 29-5 Unit	Well No. 7A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease XXX Federal XXX	Lease No. SF-078277
Location				
Unit Letter I	: 1700 Feet From The	South Line and	810 Feet From The	East
Line of Section 7	Township 29N	Range 5W	, 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"/>	Mancos Corporation	Address (Give address to which approved copy of this form is to be sent)	P.O. Drawer 1320 - Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent)	P.O. Box 90 - Farmington, New Mexico 87499
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 7	Twp. 29N
			Rge. 5W
			Is gas actually connected? _____
			When _____

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Carrie Harmon (Signature)
Carrie Harmon
Production & Drilling Clerk
January 6, 1986 (Date)

OIL CONSERVATION DIVISION

APPROVED _____
JAN 20 1986
SUPERVISOR DISTRICT 3

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Separate Forms C-104 must be filed for each pool in multiphase completed wells.