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| SANTA FE | | | | |
| FILE | | | - | |
| u.s.g.s. | | | | |
| LAND OFFICE | | | | |
| TRANSPORTER | OIL | 1 | | |
| | GAS | 1 | | |
| OPERATOR | | | | |
| PRORATION OFFICE | | | | |
| Operator | | | | |
| Northwest Pipeli | | | | |

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| | SANTA FE / | | ONSERVATION COMMISSION FOR ALLOWABLE AND | Form C-104 Supersedes Old C-104 and C-110 Eifective 1-1-65 | | |
|---|---|---|--|--|--|--|
| | U.S.G.S. | AUTHORIZATION TO TRA | NSPORT OIL AND NATURAL | GAS | | |
| | LAND OFFICE OIL 1 | | | | | |
| | TRANSPORTER GAS | | | | | |
| | OPERATOR Z | , | | | | |
| 1. | PRORATION OFFICE Operator | | | | | |
| | Northwest Pipelin | | | | | |
| | P.O. Box 90 - Farmington, New Mexico 87401 Reason(s) for filing (Check proper box) Other (Please explain) | | | | | |
| | | | | | | |
| | New Well X Recompletion | Change in Transporter of: Oil Dry Ga: | s 🔲 | | | |
| | Change in Ownership | Casinghead Gas Conden | sate [] | | | |
| | If change of ownership give name and address of previous owner | | | | | |
| | DESCRIPTION OF WELL AND I | LEASE Well No. Pool Name, Including Fo | ormation Kind of Lea: | Se Lease No. | | |
| | San Juan 29-5 Unit 20A Blanco Mesa Verde XXXX SF078277 | | | | | |
| | Location Unit Letter F : 18 | 350 Feet From The North Line | e and <u>1850</u> Feet From | The West | | |
| | Line of Section 7 Tow | nship 29N Range | 5W , NMPM, Rio Ar | riba County | | |
| 111. | DESIGNATION OF TRANSPORT | ER OF OIL AND NATURAL GA | s | | | |
| Name of Authorized Transporter of Oil or Condensate XX Address (Give address to which approved copy of this form is | | | | | | |
| | Northwest Pipeline Cor Name of Authorized Transporter of Cas | poration Inghead Gas or Dry Gas xx | 3539 E. 30th St, Far Address (Give address to which appr | mington, N.M. 87401 oved copy of this form is to be sent) | | |
| | Northwest Pipeline Cor | poration | 3539 E. 30th St. Far | | | |
| | If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. P.ge. | Is gas actually connected? W | hen | | |
| If this production is commingled with that from any other lease or pool, give commingling order number: | | | | | | |
| IV. | COMPLETION DATA | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Resty. Diff. Resty. | | |
| | Designate Type of Completio | A | X | P.B.T.D. | | |
| | Date Spudded 5/20/77 | Date Compl. Ready to Prod. 6/8/77 | Total Depth 5781 | 5744' | | |
| | Elevations (DF, RKB, RT, GR, etc., | Name of Producing Formation | Top Oil/Gas Pay 5310 | Tubing Depth | | |
| | 6490' GR | Mesa Verde | 3310 | 5725 Depth Casing Shoe | | |
| | 5310' to 5714' with 25 holes | | CENTRAL DECORD | 5778 | | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | |
| | 12 1/4" | 9 5/8" | 193 | 125 sks | | |
| , | 8 3/4" | 7" | 3780 | 150 sks 210 sks | | |
| | 6 1/4" | 4 1/2" liner 2 3/8" tubing | 3661-5778 5725 | | | |
| v. | TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to a exceed to able 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.) | | |
| | | 6/8/77 Tubing Pressure | F1ow Casing Pressure | Choke Size | | |
| | Length of Test | 1 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | | | | |
| | Actual Prod. During Test | Oil-Bbls, | Water - Bbls. | Gas - MCF | | |
| | | <u> </u> | | | | |
| | Actual Prod. Tost-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate | | |
| | CV-4206 AOF-9290 | 3 hours | | | | |
| | Testing Method (pitot, back pr.) Back Pr. | Tubing Pressure (shut-in) 634 | Casing Pressure (Shut-in) 768 | Choke Size 48/64 | | |
| VI. | CERTIFICATE OF COMPLIANCE | <u></u> | OU CONSERV | ATION COMMISSION | | |
| | | | APPROVED AUG | , 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 complete to the best of my knowledge and belief. D.H. Maroncelli (Signature) | | Original Signed by A. R. Kendrick | | | |
| | | | SUPERVISOR DIST. | | | |
| | | | 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. | | | |
| | | | | | | |
| | Drilling Engineer (Title) | | All sections of this form must be filled out completely for allowable on new and recompleted wells. | | | |
| | 6-15-71 | | 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. | | | |
| | (Da | (e) | Separate Forms C-104 must be filed for each pool in multiply | | | |
| | DUM / - h | | completed wells. | | | |

DHM/ch