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DISTRIBUTION			
SANTA FE		1	
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U.5.G.5.			
LAND OFFICE			
TRANSPORTER	OIL	Ш.	
	GAS	[/_	
OPERATOR		2	
		1	1 1

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE	REQUEST F	OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65		
j -	FILE	-	AND ORIZATION TO TRANSPORT OIL AND NATURAL GAS			
ļ.,	LAND OFFICE	AUTHORIZATION TO TRAN	ISPURT OIL AND RATURAL G.	A3		
f-	OIL I					
	TRANSPORTER GAS /					
	OPERATOR 2					
8 · L	PROMATION OFFICE					
1	Northwest Pipeli	ine Corporation				
	Address		27/01			
	P.O. Box 90 - Farmington, New Mexico 8/401					
4.	Reason(s) for filing (Check proper box)		Other (Please explain)			
- 1	New Well	Change in Transporter of:  Oil Dry Gas				
	Recompletion Change in Ownership	Casinghead Gas Condens	7-71			
L						
l a	f change of ownership give name nd ad 1.1.28 of previous owner					
		· FIACE				
II. I	DESCRIPTION OF WELL AND I	Well No.   Poor Name, mercang to				
	San Juan 29-5 Unit	22 A Blanco Mesa V	erde XXX, Federa	XXXe ST 070410		
Ì	Location	00 North	1460	West		
	Unit Letter	Feet From TheLine	and Feet From	The		
	8 Tow	nship 29N Range	5W , NMPM, Rio Ar	riba County		
Į	Line of Section Tow	,				
III. I	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	Address (Give address to which approx	ved copy of this form is to be sent)		
	Name of Authorized Transporter of OII Northwest Pipeline Co	or Condensate X	3539 East 30th St., F	'armington, N.M. 87401		
j	Name of Authorized Transporter of Cas		Address (Give address to which appro-	ved copy of this form is to be sent)		
ĺ	Northwest Pipeline Co	rporation		Carmington, N.M. 87401		
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? Wh	en		
	give location of tanks.		No			
		th that from any other lease or pool,	give commingling order number:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back State Resty, Diff. Resty.		
	Designate Type of Completic		X	P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod. 6-24-77	Total Depth 5890*	5851		
1	6-7-77 Elevati s (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Death		
	6639' GR	Mesa Verde	5440	5828 Depth Casing Shoe		
	Perform ns			5886		
	25 holes, .32", 5440-5830 TUBING, CASING, AND CEMENTING RECORD		3000			
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	HOLE SIZE 12 14/"	9 5/8"	228	125 sks		
	8 3/4"	7"	3899	150 sks 210 sks		
	6 1/4"	4 1/2" liner	3728-5886 5828	210 5 5 5		
		2 3/8" tubing	feer recovery of total volume of load oil	l and must be equal to or exceed top allow-		
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 able for this depth or be for full 24 hours)  OIL WELL						
Date First New Oil Run To Tanks Date of Test				ujt, etc.)		
		6-24-77	Flow Casing Pressure	Chok Size		
	Length of Test	Tubing Pressure				
	Actual Pred. During Test	Oil-Bbls.	Water-Bbls.	Gas MCF		
	Action			1 101		
				Marie		
	GAS WELL.	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D CV 4327 AOF 8043	3 hours				
	Testing Method (pitos, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size 48/64		
	Back Pr.	614	678	ATION COMMISSION		
VI.	CERTIFICATE OF COMPLIAN	NCE	- 11			
APPROVED			h nariak			
I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given		Original Signed 13 -				
TITLE SUPE			TITLE SUPERVISOR DIST. #			
			TITLE BOLES			
M. Maronelli		This form is to be filed in compliance with RULE 1104.  If this is a request for silowable for a newly drilled or deepened by a tabulation of the deviation				
		If this is a request for all well, this form must be accom	If this is a request for allowable for a newly third of the deviation well, this form must be accompanied by a tabulation of the deviation well, this form must be accompanied with MULE 111.			
	Sr. Drilling E	ngineer	well, this form must be accompanied by a trouble to the tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for allow-			
	(Title)		All sections of this form must be the sections of this form must be able on new and recompleted wells.			

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.