DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 SANTA FE Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE FILE AND u.s.g.s. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE 1 TRANSPORTER GAS OPERATOR PROBATION OFFICE Operator Northwest Pipeline Corporation Address P.O. Box 90, Farmington, New Mexico 87401 Other (Please explain) Reason(s) for filing (Check proper box) X Change in Transporter of: New Well Dry Gas Recompletion Casinahead Gas Condensate Change in Ownership If change of ownership give name and addless of previous owner. II. DESCRIFTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease No. XXXX, FederalXXXXX SF 080377 72A Blanco Mesa Verde San Juan 29-6 Unit 1450 Feet From The North Line and 1620 Feet From The West 29N 6W , NMPM, Rio Arriba 22 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 3539 East 30th, Farmington, N.M. 87401 Northwest Pipeline Corporation Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas X 3539 East 30th, Farmington, N.M. Northwest Pipeline Corporation Is gas actually connected? When Sec. Unit Twp. P.ge. If well produces oil or liquids, No give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number:

Oil Well

5-10-77

Date Compl. Ready to Prod.

Name of Producing Formation

Mesa Verde

Gas Well

Depth Casing Shoe 5052' to 5574' w/25 shots 5633**'** TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET HOLE SIZE CASING & TUBING SIZE 194' 12 1/4" <u> 125</u> 9 5/8" 711 3645**'** 150 8 3/4" 6 1/4" 4 1/2" Liner 3494' -5633**'** 210 55691 2 3/8" Tubing 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) Producing Method (Flow, pump, gas lift, etc.) Date First New Cil Run To Tanks Date of Test

1 Workover

5641'

5052

Deepen

New Well

X

Top Oil/Gas Pay

Total Depth

	5-10-77	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Chexe Size
Actual Pred, During Test	Oil-Bhis.	Water-Bbls.	Bank NOF
GAS WELL			OIL COR 3
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Granty of Condinacte
CV = 2561 AOF = 4068 Testing Method (pitot, back pr.)	3 hrs. Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	876 PSIG	937 PSIG	3/4

VI. CERTIFICATE OF COMPLIANCE

IV. COMPLETION DATA

4-22-77

6365' GR

Date Spudded

Designate Type of Completion -(X)

Elevation: (DF, RKB, RT, GR, etc.)

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)
Sr. Drilling Engineer
(Title)
5/11/77
(Date)

OIL CONSERVATION COMMISSION

County

Plug Back | Same Res'v. Diff. Res'v.

56021

55691

P.B.T.D.

Tubing Derth

APPROVED	, 19
BY Original Signed	ill February 2
TITLE SUPPLEMENT	<u> </u>

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

If this is a request for allowable for a newly drilled or despened 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 sllow-able 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.