40. 07 COPIF : PS CTIVED			
DISTRIBUTION	NEW MEXICO OIL CO	NSERVATION COMMISSION	Poun C-164
SANTA FE	REQUEST F	FOR ALLOWABLE	Superseles Old C-104 and C-110 Effective 1-1-55
FILE		AND	
U.E.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL G	AS
LANO OFFICE			
TRANSPORTER OIL			
CAS /			
OPERATOR 2			
PRORATION OFFICE			
Northwest Pipeline Corp	oonation		
Address Address	5014 (1011		
PO Box 90, Farmingto	on, New Mexico 87401		
Reason(s) for filing (Check proper box)		Other (Please explain)	
Naw Wall	Change in Transporter of:		
Recompletion	Oil Dry Gas	·	·
Change In Ownership	Casinghead Gas Conden	sate	
If all a sef aureachie give name			
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND L	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.
Lease Name		SMMX Federa	SF080377
San Juan 29-6 Unit	66A Blanco Mesa Ver	rde	192
	5 Feet From The North Line	e and 990 Feet From 1	The West
Unit Letter D : 117	5 Feet From The NOT'LII Line	e ditd reet from	
Line of Section 9 Town	nship 29N Range	6W , NMPM, Rio	Arriba County
Line of Section 9	230		
DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	<u>s</u>	
Name of Authorized Transporter of Cil	or Condensate AA	Address (Give address to which approved 3539 E 30th St., Farming	ved copy of this form is to be sent)
Northwest Pipeline Cor		Address (Give address to which approx	
Name of Authorized Transporter of Cast	inghead Gas or Dry Gas XX	3539 E 30th St., Farmir	ngton. New Mexico 87401
Northwest Pipeline Cor		Is gas actually connected? Who	
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected?	• • • • • • • • • • • • • • • • • • • •
give location of tanks.	<u> </u>		
If this production is commingled with	h that from any other lease or pool,	give commingling order number:	
. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Hes'v.
Designate Type of Completio	n = (X)	X	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
11-15-77	12-1-77	5745'	5706'
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6463' GR	Mesa Verde	5192'	5641'
Perforations			Depth Casing Shoe
5192' to 5658'; 30 hol	es		5742
		CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	125
12 1/4"	9 5/8"	214'	150
8 3/4"	7"	3681' 3555' to 5742'	210
6 1/4"	4 1/2" liner	5641'	-
-	2 3/8" tbg		and must be equal to or exceed top allow
. TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	ifter recovery of total volume of load oil epth or be for full 24 hours)	and must be equal to or exceed top allow.
OIL WELL	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)
Date First New Oil Run To Tanks	12-1-77	Flowing	(orliven)
A -/ 72-1	Tubing Pressure	Casing Pressure	Chole S
Length of Test			1 2 2 2 3 1977
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF
Without E togs Parisid 1991			L OH COM COM.
			DIST 3
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Combensate
CV=3742 AOF=7985	3 hrs	-	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	
Back pressure	832 psig	867 psig	1 0.750"
I. CERTIFICATE OF COMPLIAN	CE	- 11	ATION COMMISSION
		JAN.	, 19
I hereby certify that the rules and	regulations of the Oil Conservation	BY Original Signed DV	A. A. Kendrick
a base been complied t	with and that the information given best of my knowledge and belief.	W Original Signed - 7	· ·

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.

Ja Java	C. Rix	
(Sign	sature)	
Producti	on Clerk	

(Title)

December 15, 1977

(Date)

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

TITLE SUPERVISOR DIST. #8

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 auch change of condition.

Separate Forms C-104 must be filed for each pool in multiply comoleted wells.