

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

**SUNDRY NOTICES AND REPORTS ON WELLS**

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☐ well    gas ☒ well    other ☐
2. NAME OF OPERATOR  
Northwest Pipeline Corporation
3. ADDRESS OF OPERATOR  
PO Box 90, Farmington, New Mexico 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 800' FNL & 1170' FWL  
AT TOP PROD. INTERVAL: same  
AT TOTAL DEPTH: same
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

## REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) "summary" ☐

## SUBSEQUENT REPORT OF:

☐  
☒  
☒  
☐  
☐  
☐  
☐  
☐

5. LEASE  
SF 078277
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME  
San Juan 29-5 Unit
8. FARM OR LEASE NAME  
San Juan 29-5 Unit
9. WELL NO.  
26A
10. FIELD OR WILDCAT NAME  
Blanco Mesa Verde
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec 18 T29N R5W
12. COUNTY OR PARISH  
Rio Arriba
13. STATE  
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6523' GR

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

12-23-77 Spudded 12 1/4" surface hole. Ran 4 jts (180') of 9 5/8" csg set @ 192'. Cmted w/ 125 sks. Plug down 0330 hrs 12-24-77. Rev-out 4 bbls cmt.

12-29-77 Ran 91 jts (3717') of 7" csg set @ 3729' KB. Cmted w/ 150 sks.

12-30-77 Tested 7" csg to 600 psi, held OK.

1-1-78 Ran 4 1/2" liner set from 3576' to 5808'. Cmted w/ 210 sks.

1-2-78 Ran & RTTS pkr & set @ 3441'. Squeezed w/ 100 sks. POH w/ RTTS.

1-3-78 Tested 7" csg & 4 1/2" liner w/ 3500 psi for 30 min, held OK.

1-4-78 Spot 500 gal 7 1/2% HCl. Perfed 30 holes 5308' to 5746'. Pumped 1000 gal 7 1/2% HCl w/ 50 balls. Fraced w/ 100,000# 20/40 sand @ 1 1/4#/gal w/slick wtr

1-5-78 Ran 184 jts (5730') 2 3/8" tbg landed @ 5742'. After frac gauge 890 MCFD @ 5742' thru tbg. Rig released.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED Robert C. Rex TITLE Production Clerk DATE January 10, 1978

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

\*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY  
DURANGO, COLO.

NEW MEXICO OIL CONSERVATION COMMISSION  
MULTIPOINT AND ONE POINT BACK PRESSURE TEST FOR GAS WELL

Form C-122  
Revised 9-1-65

Type Test <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Special				Test Date 1/12/78	
Company Northwest Pipeline Corp.				Connection New Well	
Pool Blanco				Formation Mesa Verde	
Completion Date Jan. 5, 1978		Total Depth 5812		Plug Back TD 5775	
Elevation 6523		Farm or Lease Name San Juan 29-5			
Csg. Size 7.000 4.500	Wt. 20.0 10.5	d 6.456 4.052	Set At 3576-5808	Perforations: From 5308 To 5746	
Thq. Size 2.375	Wt. 4.7	d 1.995	Set At 5721	Perforations: From To	
Type Well - Single - Bradenhead - G.G. or G.O. Multiple Gas - Single				Packer Set At None	
Producing Thru Tubing		Reservoir Temp. °F #		Baro. Press. - P <sub>g</sub> 12.0	
L		H		County Rio Arriba	
G <sub>g</sub> .679		% CO <sub>2</sub>		% N <sub>2</sub>	
% H <sub>2</sub> S		Prover 3/4" Choke		Meter Run Taps	

  

FLOW DATA						TUBING DATA		CASING DATA		Duration of Flow
NO.	Prover Line Size	X	Orifice Size	Press. p.s.i.g.	Diff. h <sub>w</sub>	Temp. °F	Press. p.s.i.g.	Temp. °F	Press. p.s.i.g.	
SI							728		737	
1.	2"	X	.750	147		55°	147		561	
2.										
3.										
4.										
5.										

  

RATE OF FLOW CALCULATIONS							
NO.	Coefficient (24 Hour)	$\sqrt{h_w P_m}$	Pressure P <sub>m</sub>	Flow Temp. Factor Ft.	Gravity Factor F <sub>g</sub>	Super Compress. Factor, F <sub>pv</sub>	Rate of Flow Q, Mcfd
1	9.604		159	1.005	1.214	1.014	1889
2.							
3.							
4.							
5.							

  

NO.	P <sub>t</sub>	Temp. °R	T <sub>f</sub>	Z	Gas Liquid Hydrocarbon Ratio _____ Mcf/bbl.
1.					A.P.I. Gravity of Liquid Hydrocarbons _____ Deg.
2.					Specific Gravity Separator Gas _____ X X X X X X X X
3.					Specific Gravity Flowing Fluid _____ X X X X X
4.					Critical Pressure _____ P.S.I.A. _____ P.S.I.A.
5.					Critical Temperature _____ R _____ R

  

P <sub>c</sub> 749	P <sub>c</sub> <sup>2</sup> 561001	(1) $\frac{P_c^2}{P_c^2 - P_w^2} = 2.4111$	(2) $\left[ \frac{P_c^2}{P_c^2 - P_w^2} \right]^n = 1.9349$
NO.	P <sub>t</sub> <sup>2</sup>	P <sub>w</sub>	P <sub>w</sub> <sup>2</sup>
1		573	328329
2			
3			
4			
5			

  

Absolute Open Flow 3655		Mcf/d @ 15.025	Angle of Slope 0°	Slope, n
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Remarks: Well produced light mist of water through out test.

  

Approved By Commission:	Conducted By: Fred S. Hamrick	Calculated By: Fred S. Hamrick	Checked By:
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DEVIATION REPORT

NAME OF COMPANY Northwest Pipeline Corp. ADDRESS PO Box 90, Farmington, New Mexico 87401  
LEASE San Juan 29-5 Unit WELL 26A UNIT D SEC 18 T. 29N R. 5W  
POOL Blanco Mesa Verde COUNTY Rio Arriba

<u>DEPTH</u>	<u>(0)</u> <u>DEVIATION</u>
<u>205</u> .....	<u>3/4</u>
<u>778</u> .....	<u>3/4</u>
<u>1211</u> .....	<u>1 1/4</u>
<u>1719</u> .....	<u>1 3/4</u>
<u>2273</u> .....	<u>1 1/2</u>
<u>2407</u> .....	<u>3/4</u>
<u>2900</u> .....	<u>1 1/2</u>
<u>3162</u> .....	<u>3/4</u>
<u>3440</u> .....	<u>3/4</u>
<u>3729</u> .....	<u>3/4</u>
<u>4252</u> .....	<u>1</u>
<u>4804</u> .....	<u>3/4</u>
<u>5292</u> .....	<u>3/4</u>
<u>5812</u> .....	<u>1</u>



Certificate: I, the undersigned, state that I, Barbara C. Rex, acting in my capacity as Production Clerk of Northwest Pipeline Corporation, am authorized by said Company to make this report; and that this report was prepared by me or under my supervision and direction and that the facts stated herein are true to the best of my knowledge and belief.

Barbara C. Rex

Subscribed and sworn to before me this 18th day of January, 19 78

Virginia A. Copeland  
NOTARY PUBLIC IN AND FOR SAN JUAN COUNTY, NEW MEXICO

My Commission Expires 12-18-79

NEW MEXICO OIL CONSERVATION COMMISSION  
MULTIPOINT AND ONE POINT BACK PRESSURE TEST FOR GAS WELL

Form C-122  
Revised 9-1-65

Type Test <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Special						Test Date 1/12/78			
Company Northwest Pipeline Corp.				Connection New Well					
Pool Blanco				Formation Mesa Verde				Unit San Juan 29-5	
Completion Date Jan. 5, 1978		Total Depth 5812		Plug Back TD 5775		Elevation 6523		Farm or Lease Name San Juan 29-5 Unit	
Case Size 7.000 4.500	Wt. 20.0 10.5	d 6.456 4.052	Set At 3576-5808	Perforations: From 5308 To 5746		Well No. #26A			
Trq. Size 2.375	Wt. 4.7	d 1.995	Set At 5721	Perforations: From To		Unit Sec. Twp. Rge. D 18 29 6			
Type Well - Single - Brdenhead - G.G. or G.O. Multiple Gas - Single						Packer Set At None		County Rio Arriba	
Producing Thru Tubing		Reservoir Temp. °F 8		Mean Annual Temp. °F		Baro. Press. - P <sub>a</sub> 12.0		State New Mexico	
L	H	Gg .679	% CO <sub>2</sub>	% N <sub>2</sub>	% H <sub>2</sub> S	Prover 3/4" Choke		Meter Run	Taps

  

FLOW DATA						TUBING DATA		CASING DATA		Duration of Flow	
NO.	Prover Line Size	X	Orifice Size	Press. p.s.i.g.	Diff. h <sub>w</sub>	Temp. °F	Press. p.s.i.g.	Temp. °F	Press. p.s.i.g.	Temp. °F	
SI							728		737		
1.	2"	X	.750	147		55°	147		561		3 hrs.
2.											
3.											
4.											
5.											

  

RATE OF FLOW CALCULATIONS							
NO.	Coefficient (24 Hour)	$\sqrt{h_w P_m}$	Pressure P <sub>m</sub>	Flow Temp. Factor Ft.	Gravity Factor Fg	Super Compress. Factor, Fpv	Rate of Flow Q, Mcfd
1	9.604		159	1.005	1.214	1.014	1889
2.							
3.							
4.							
5.							

  

NO.	P <sub>t</sub>	Temp. °R	T <sub>r</sub>	Z	Gas Liquid Hydrocarbon Ratio _____ Mcf/bbl.
1.					A.P.I. Gravity of Liquid Hydrocarbons _____ Deg.
2.					Specific Gravity Separator Gas _____ X X X X X X X X
3.					Specific Gravity Flowing Fluid _____ X X X X X
4.					Critical Pressure _____ P.S.I.A. _____ P.S.I.A.
5.					Critical Temperature _____ R _____ R

  

P <sub>c</sub> 749	P <sub>c</sub> <sup>2</sup> 561001	(1) $\frac{P_c^2}{P_c^2 - P_w^2} = 2.4111$	(2) $\left[ \frac{P_c^2}{P_c^2 - P_w^2} \right]^n = 1.9349$
NO.	P <sub>t</sub> <sup>2</sup>	P <sub>w</sub>	P <sub>w</sub> <sup>2</sup>
1		573	328329
2			
3			
4			
5			

  

Absolute Open Flow 3655 Mcfd @ 15.025		Angle of Slope e _____
Remarks: Well produced light mist of water through out test.		

  

Approved By Commission:	Conducted By: Fred S. Hamrick	Calculated By: Fred S. Hamrick	Checked By:
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UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE\*

(See other in-  
structions on  
reverse side)Form approved.  
Budget Bureau No. 42-R3556.

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

1a. TYPE OF WELL: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> DRY <input type="checkbox"/> Other _____						5. LEASE DESIGNATION AND SERIAL NO. SF 078277	
b. TYPE OF COMPLETION: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other _____						6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Northwest Pipeline Corporation						7. UNIT AGREEMENT NAME San Juan 29-5 Unit	
3. ADDRESS OF OPERATOR PO Box 90, Farmington, New Mexico 87401						8. FARM OR LEASE NAME San Juan 29-5 Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 800' FNL & 1170' FWL At top prod. interval reported below same At total depth same						9. WELL NO. 26A	
14. PERMIT NO. _____ DATE ISSUED _____						10. FIELD AND POOL, OR WILDCAT	
15. DATE SPUDDED 12-23-77						11. SEC., T., R., N., OR BLOCK AND SURVEY OR AREA Sec 18 T29N R5W	
16. DATE T.D. REACHED 1-1-78						12. COUNTY OR PARISH Rio Arriba	
17. DATE COMPL. (Ready to prod.) 1-12-78						13. STATE New Mexico	
18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 6523' GR						19. ELEV. CASINGHEAD	
20. TOTAL DEPTH, MD & TVD 5812'		21. PLUG, BACK T.D., MD & TVD 5775'		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY all	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Mesa Verde						25. WAS DIRECTIONAL SURVEY MADE no	
26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma Ray & CCL						27. WAS WELL CORED no	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
9 5/8"		32.3#		192'		12 1/4"	
7"		20.0#		3750'		8 3/4"	
29. LINER RECORD							
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
4 1/2"		3576'		5808'		210	
30. TUBING RECORD							
SIZE		DEPTH SET (MD)		PACKER SET (MD)			
2 3/8"		5721'					
31. PERFORATION RECORD (Interval, size and number)							
5308	5334	5558	5654	5689	5730		
5316	5340	5586	5660	5702	5734		
5320	5344	5592	5664	5706	5738		
5326	5347	5646	5680	5715	5742		
5330	5519	5650	5684	5720	5746		
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
DEPTH INTERVAL (MD)						AMOUNT AND KIND OF MATERIAL USED	
5308' to 5746'						Spot 500 gal 7 1/2% HCT. Pumped	
30 holes						1000 gal 7 1/2% HCT w/ 50 balls	
						Pumped 10,000 gal pad & traced	
						w/ 100,000# 20/40 sd @ 1 1/4 ppg	
33.* PRODUCTION in slick water.							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing				WELL STATUS (Producing or shut-in) Shut-in	
DATE OF TEST 1-12-78		HOURS TESTED 3 hrs		CHOKE SIZE 0.750"		PROD'N. FOR TEST PERIOD →	
FLOW. TUBING PRESS. 147 psig		CASING PRESSURE 561 psig		CALCULATED 24-HOUR RATE →		OIL—BBL. -	
						GAS—MCF. CV 1889	
						WATER—BBL. -	
						OIL GRAVITY-API (CORR.) -	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Waiting on pipeline connection						TEST WITNESSED BY [Signature]	
35. LIST OF ATTACHMENTS							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
SIGNED [Signature]				TITLE Production Clerk		DATE Jan 18, 1978	

\*(See Instructions and Spaces for Additional Data on Reverse Side)

# INSTRUCTIONS

**General:** This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions. If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

**Item 4:** If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

**Item 18:** Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

**Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

**Item 29:** "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

**Item 33:** Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF: CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Mesa Verde			ss, 1t to med gry, silty in part, fn to med gr, interbedded w/ siltstone, 1t to dk gry carbonaceous shale.	Cliff House Menefee Point Lookout	5258' 5356' 5642'	same same same

NO. OF COPIES RECEIVED	6
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SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	2
PRODUCTION OFFICE	

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

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

I. Operator  
Northwest Pipeline Corporation  
Address  
PO Box 90, Farmington, New Mexico 87401  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

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. 26A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease XXX, Federal XXXX	Lease No. SF078277
Location Unit Letter D 800 Feet From The North Line and 1170 Feet From The West Line of Section 18 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"/> Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) 3539 E 30th St., Farmington, New Mexico 87401	
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) 3539 E 30th St., Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.

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 Res.	Diff. Res.
		X	X					
Date Spudded 12-23-77	Date Compl. Ready to Prod. 1-12-78	Total Depth 5812'	P.B.T.D. 5775'					
Elevation (DF, RAB, RT, GR, etc.) 6523' GR	Name of Producing Formation Mesa Verde	Top Oil/Gas Pay 5308'	Tubing Depth 5721'					
Perforations 5308' to 5746'; 30 holes			Depth Casing Shoe 5808'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	9 5/8"	192'	125					
8 3/4"	7"	3750'	150					
6 1/4"	4 1/2" liner	3576' to 5808'	210					
-	2 3/8" tbg	5721'	-					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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 1-12-78	Producing Method (Flow, pump, gas lift, etc.) Flow	
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 CV 1889 AOF 3655	Length of Test 3 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (shut-in) 728 psig	Casing Pressure (shut-in) 737 psig	Choke Size 0.750"

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.

*Barbara C. Rex*  
(Signature)

Production Clerk

January 18, 1978

(Date)

OIL CONSERVATION COMMISSION

APPROVED *JAN 26 1978*  
Original Signed by A. R. Kendrick 19  
BY  
TITLE SUPERVISOR DIST. #3

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.

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

NO. OF COPIES RECEIVED	
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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

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

1. Operator Northwest Pipeline Corporation	
Address P.O. Box 90, Farmington, New Mexico 87499	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Other (Please explain)

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., Prod. Name, Indication 26A Blanco Mesa Verde	Kind of Lease <input checked="" type="checkbox"/> Federal or <input checked="" type="checkbox"/>	Lease No. SF-078277
Location Unit Letter <u>D</u> : <u>800</u> Feet From The <u>North</u> Line and <u>1170</u> Feet From The <u>West</u> Line of Section <u>18</u> Township <u>29N</u> Range <u>5W</u> <u>10NPM</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"/> Petro Source Inc.	Address (Give address to which approved copy of this form is to be sent) 1979 So 700 West, Salt Lake City, Utah 84104
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 <u>D</u> Sec. <u>18</u> Twp. <u>29N</u> Rge. <u>5W</u> Is this actually connected? <input type="checkbox"/> When

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 Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RAB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		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 OIL WELL (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 (pitot, 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  
Donna J. Brace (Signature)  
Production Clerk  
(Title)

December 9, 1982

OIL CONSERVATION COMMISSION

APPROVED DEC 11 1982, 19

BY Charles E. Johnson

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3

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 this 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.



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OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

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:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input checked="" type="checkbox"/> 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. 26A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease XXX Federal or XXX	Lease No. SF-078277
Location Unit Letter <u>D</u> : <u>800</u> Feet From The <u>North</u> Line and <u>1170</u> Feet From The <u>West</u> Line of Section <u>18</u> Township <u>29N</u> Range <u>5W</u> , 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.	Is gas actually connected? When
Unit <u>D</u> Sec. <u>18</u> Twp. <u>29N</u> Rge. <u>5W</u>	

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  
Linda S. Marques (Signature)  
Production and Drilling Clerk  
(Title)  
January 9, 1985  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_  
BY Frank J. [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 deepened 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 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 multiple completed wells.

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

Form C-104  
Revised 10-01-78  
Format 06-01-83

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OIL CON. DIV.  
DIST. 3

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"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input checked="" type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain):

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. 26A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease <del>XXXX</del> Federal <del>XXXX</del>	Lease No. SF 078277
Location Unit Letter <u>D</u> : <u>800</u> Feet From The <u>North</u> Line and <u>1170</u> Feet From The <u>West</u> Line of Section <u>18</u> Township <u>29N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</u> 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 <u>D</u> Sec. <u>18</u> Twp. <u>29N</u> Rge. <u>5W</u>	Is gas actually connected? <u>When</u>

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  
Production & Drilling Clerk

January 7, 1986

OIL CONSERVATION DIVISION

APPROVED JAN 20 1986  
BY Supervisor  
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 deepened well, this form must be accompanied by a tabulation of the deviate 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.

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

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ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

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"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input checked="" type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)

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. 26A	Pool Name, Including Formation Blanco Mesa Verde	Kind of Lease <del>XXXX</del> Federal <del>XXXX</del>	Lease No. SF 078277
Location Unit Letter <u>D</u> : <u>800</u> Feet From The <u>North</u> Line and <u>1170</u> Feet From The <u>West</u> Line of Section <u>18</u> Township <u>29N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</u> 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"/> Four-Four Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 821 - 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, NM 87499
If well produces oil or liquids, give location of tanks.	Unit : <u>D</u> Sec. : <u>18</u> Twp. : <u>29N</u> Rge. : <u>5W</u> Is gas actually connected? <input type="checkbox"/> 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)  
Production & Drilling Clerk  
(Title)  
May 28, 1986  
(Date)

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OIL CON. DIV.  
DIST. 3

OIL CONSERVATION DIVISION

APPROVED [Signature] JUN 10 1986  
BY [Signature]  
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 deepen 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 all wells 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 multiple completed wells.

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OIL AND MINERALS DEPARTMENT

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

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**RECEIVED**  
JUN 01 1988

Northwest Pipeline Corporation		OIL CON. DIV. 1
3539 East 30th - Farmington, NM 87401		DIST. 3
New Well <input type="checkbox"/> Change In Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas Change In Ownership <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate		Other (Please explain)

Range of ownership give name  
Address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name San Juan 29-5 Unit	Well No. 26A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease XXX Federal XXXX	Lease No. SF 078277
Section <u>D</u> <u>800</u> Feet From The <u>North</u> Line and <u>1170</u> Feet From The <u>West</u> Line of Section <u>18</u> Township <u>29N</u> Range <u>5W</u> , NMPM, Rio Arriba County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Gary Energy Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159 - Bloomfield, NM 87413
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) 3539 East 30th - Farmington, NM 87401
All produces oil or liquids, location of tanks.	Unit <u>D</u> Sec. <u>18</u> Twp. <u>29N</u> Rge. <u>5W</u> Is gas actually connected? <input type="checkbox"/> When

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

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

CERTIFICATE OF COMPLIANCE

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

*Carrie Harmon*  
(Signature)  
Production & Drilling Clerk  
(Title)  
May 27, 1988  
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 01 1988  
BY *[Signature]*  
TITLE SUPERVISION 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 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 allow-  
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.

# OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

See Instructions  
at Bottom of Page

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <b>PHILLIPS PETROLEUM COMPANY</b>		Well API No.
Address <b>300 W ARRINGTON, SUITE 200, FARMINGTON, NM 87401</b>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>	Catalytic Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator <b>Northwest Pipeline Corp., 3535 E. 30th, Farmington, NM 87401</b>		

### II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>San Juan 29-5 Unit</b>	Well No. <b>26A</b>	Pool Name, Including Formation <b>BLANCO HESAVERDE</b>	Kind of Lease State, Federal or Fee:	Lease No.
Location Unit Letter <b>D</b> : <b>800</b> Feet From The <b>North</b> Line and <b>11.70</b> Feet From The <b>West</b> Line Section <b>18</b> Township <b>29N</b> Range <b>5W</b> , <b>NMPM</b> , <b>Rio Arriba</b> County				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <b>Gary Energy</b> <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 159, Bloomfield, NM 87413</b>	
Name of Authorized Transporter of Catalytic Gas <b>Northwest Pipeline Corp.</b> <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 58900, SLC, Utah 84158-0900</b>	
If well produces oil or liquids, give location of tanks.	Unit	Sec. Typ. Rgs.
		Is gas actually connected? When? Attn: Claire Potter

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 Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

### V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
	Tubing Pressure	Casing Pressure	<b>RECEIVED</b> <b>APR 01 1991</b>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	
GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity & Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size

### VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

*L. E. Robinson*  
Signature **L. E. Robinson** Sr. Drilg. & Prod. Engr.  
Printed Name **APR 01 1991** (505) 599-3412 Title  
Date Telephone No.

### OIL CONSERVATION DIVISION

**APR 01 1991**

Date Approved

By

*David J. Smith*

**SUPERVISOR DISTRICT #3**

Title

**INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply complete wells.

OIL CONSERVATION DIVISION

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator PHILLIPS PETROLEUM COMPANY		Well APN No. 3003921555
Address 5525 HWY 64 NBU 3004, FARMINGTON, NEW MEXICO 87401		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 29-5 Unit	Well No. 26A	Pool Name, Including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>D</u> : <u>800</u> Feet From The <u>North</u> Line and <u>1170</u> Feet From The <u>West</u> Line Section <u>18</u> Township <u>29N</u> Range <u>5W</u> , <u>NMPM</u> , <u>Rio Arriba</u> 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"/> Meridian Oil Transporters, Inc.	Address (Give address to which approved copy of this form is to be sent) 3535 E. 30th. St., Farmington, NM 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Williams Field Services Company	Address (Give address to which approved copy of this form is to be sent) PO Box 58900, Salt Lake City, UT 84158-0900					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rgn.	Is gas actually connected?	When? Attn: Claire Potter

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 Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Log		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

OIL WELL (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 Tank	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. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature L. E. Robinson Sr. Drlg. & Prod. Engr.  
Printed Name L. E. Robinson Title (505) 599-3412  
Date 5-30-91 Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 04 1991  
By [Signature]  
Title SUPERVISOR DISTRICT 13

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.