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SANTA FE		1	
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR		2	

	SANTA FE	REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-110 Effective 1-1-65						
	FILE	AND								
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS								
	OIL /									
	TRANSPORTER GAS									
	OPERATOR 2			•						
1.	PRORATION OFFICE									
	Northwest Pipeline Corporation									
	Address									
	P.O. Box 90, Farmington, New Mexico 87401									
	Reason(s) for filing (Check proper box) Other (Please explain)									
	New Well	Change in Transporter of:								
	Recompletion Oil Dry Gas Condensate Casinghead Gas Condensate									
	If change of ownership give name and address of previous owner									
	•	_								
11.	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.									
	San Juan 29-5 Unit 12A Blanco Mesa Verde 🕺 🛠 🗡 🕏 5F 079851									
	Location									
	Unit Letter D: 1030 Feet From The North Line and 790 Feet From The West									
	20 -	vnship 29N Range	5W , NMPM, Rio	Arriba County						
	Line of Section 30 Tow	vnship ZYN Range	SW , MMFM, KIO	All Iba County						
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	ıs							
	Name of Authorized Transporter of Cil	or Condensate A	Address (Give address to which approx							
	Northwest Pipeline Corporation 3539 E 30th St			gton. New Mexico 87401 Jed copy of this form is to be sent)						
				ington, New Mexico 87401						
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? Whe							
	give location of tanks.	D 30 29N 5W	no !							
	If this production is commingled wit	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 Same Resty. Diff. Resty.						
	Designate Type of Completio	$on = (X)$ χ	X							
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						
	4-3-78	4-24-78	5980'	5942 '						
	Elevations (DF, RKB, RT, GR, etc.) 6675 GR	Name of Producing Formation Mesa Verde	Top Oil/Gas Pay 5394	5898 '						
	Perforations			Depth Casing Shoe						
	5394' to 5896'; 30 holes 5977'									
TUBING, CASING, AND CEMENTING RECORD		SACKS CEMENT								
	HOLE SIZE	CASING & TUBING SIZE	190'	125						
	12-1/4" 8-3/4"	7"	3885 '	150						
	6-1/4"	4-1/2"liner		210						
	-	2-3/8"tbg	58981							
V.	TEST DATA AND REQUEST FO	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 at								
	OIL WELL	Date of Test	pth or be for full 24 hours) Producing Method (Flow, pump, gas lij	(t, etc.)						
Date First New Oil Run To Tanks Date of Test 4-24-78 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						
			<u> </u>							
	GAS WELL			`						
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate						
	CV 3670 A0F 8230	3 hrs	Casing Pressure (Shut-in)	N/A Choke Size						
	Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 641 psig	924 psig	0.750"						
				ATION COMMISSION						
VI.	CERTIFICATE OF COMPLIANCE	CE ·								
	I hereby certify that the rules and r	regulations of the Oil Conservation	APPROVED							
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Raylana C. Ray			Original Signed by A. R. Bendrick SUPERVISOR DIST. #2 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. All sections of this form must be filled out completely for allow-							
						il ahle on new and recompleted We	his on new and recompleted Wells.			
							May	4, 1978	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.	
						(Date)			well name or number, or transporter of other such charge	

well name or number, or transporter, or other such change of the Separate Forms C-104 must be filed for each pool in multiply completed wells.