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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

Operator Northwest Pipeline Corporation		
Address P.O. Box 90, Farmington, New Mexico 87401		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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. 13A	Pool Name, Including Formation Blanco Mesa Verde	Kind of Lease <del>State</del> Federal <del>xxxx</del>	Lease No. SF079851
Location Unit Letter <u>I</u> ; <u>1835</u> Feet From The <u>South</u> Line and <u>1020</u> Feet From The <u>East</u> Line of Section <u>30</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"/>	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"/>	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.	Twp.	Rge.	Is gas actually connected?	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'tv.	Diff. Res'tv.
			X	X					
Date Spudded 1-25-78	Date Compl. Ready to Prod. 3-23-78	Total Depth 6040'		P.B.T.D. 6002'					
Elevations (DF, RKB, RT, GR, etc.) 6698' GR	Name of Producing Formation Mesa Verde	Top Oil/Gas Pay 5476'		Tubing Depth 5913'					
Perforations 5476' - 5898'; 30 holes		Depth Casing Shoe 6038'							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	9-5/8"		195'		125				
8-3/4"	7"		3920'		150				
6-1/4"	4-1/2" liner		3748' - 6038'		210				
-	2-3/8" thg		5913'		-				

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 3-23-78	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 1866 AOF 2672	Length of Test 3 hrs	Bbls. Condensate/MMCF -	Gravity of Condensate
Testing Method (pitot, back pr.) Back pressure	Tubing Pressure (Shut-in) 672 psig	Casing Pressure (Shut-in) 690 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. Loper*  
(Signature)

Production Clerk

(Title)

March 29, 1978

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 31 1978, 19

BY Original Signed by A. R. Kendrick  
SUPERVISOR DIST. 48

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 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 recompleted wells.

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

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

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 Name, Loc. Name, Section and Formation 13A Blanco Mesa Verde	Kind of Lease XXX Federal XXXXX	Lease No. SF 079851
Location			
Unit Letter I	1835	Feet From The South	1020
Line of Section 30		Township 29N	Range 5W
		County Rio Arriba	

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)
Petro Source Inc.	1979 So 700 West, Salt Lake City, Utah 84104
Name of Authorized Transporter of 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.	Unit I
	Sec. 30
	Twp. 29N
	Rge. 5W

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't	Diff. Res't
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.S.T.D.			
Elevations (OF, RAB, RT, GR, 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 (pilot, 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 JB  
Donna J. Brace  
Production Clerk  
(Title)  
December 9, 1982  
(Date)

OIL CONSERVATION COMMISSION

APPROVED Charles E. Johnson, 19  
BY  
TITLE DEPUTY OIL & GAS INSPECTOR, JR. #

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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.

Form C-104 must be filed for each pool in multiply