DISTRIBUTION NEW MEXICO DIL CONSERVATION COMMISSION Form C-104 SANTA FE REQUEST FOR ALLOWABLE spersedes Old C-104 and C-110 FILE Effective 1-1-65 AND U.S.G.5. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL IRANSPORTER GAS OPERATOR PRORATION OFFICE Northwest Pipeline Corporation Aggress P.O. Box 90, Farmington, New Mexico 87499 Reason(s) for thing (Check proper box) wher illease explains New Well Change in Transporter of: Recompletion Oii Cry Jas Change in Ownership Casinghead Gas Condensate (If change of ownership give name and address of previous owner ____ H. DESCRIPTION OF WELL AND LEASE find of Leas San Juan 29-6 Unit 35A <u>Blanco Mesa Verde</u> XXXX France XXXXXX SE 078278 D 1180 North Line and Unit Letter 875 15 Township Line of Section 29N Range 6W 1745744 <u>Rio Arriba</u> II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of the Companyage X can the thirte anaress to which approves copy of this form is to be sent, 1979 So 700 West, Salt Lake City, Utah 84104 Petro Source Inc. Casinghesi Gas ___ Name of Authorized Transporter that e address to unatch approved capy of this form is to be sent; Northwest Pipeline Corporation P.O. Box 90, Farmington, New Mexico 87499 Unit give location of tanks. D 15 29N .6W If this production is commingled with that from any other lease or pool, give commingling order numbers IV. COMPLETION DATA Morkover New Well His dack Same Rusty, Diff, Resty Designate Type of Completion =(X)Total Depth Date Compi. Reday to Pros. P.3.T.D. Elevations (DF, RKB, RT, GR, etc., Mame of Producting Formation Top DilyGis Flay ubing Depth Periorations Depth Casing Shoe TUDING, CASING, AND CEMENTING RECORD HOLE SIZE DEPTH SET CASING & TUBING SIZE SACKS CEMENT (Test must be after recovery of total volume of load oil and mill be count to or exceed top allowable for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Producing Method (Flow, pump, gas lift, etc.) Dote of Tast Length of Test Tubing Pressure Casing Pressure Choke Siza Actual Prod. During Test 011 - B bis. Water - Bbie. Gas - MEF GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Concensate Testing Method (pitos, back pr.) Tubing Pressure (Shut-in) Cosing Pressure (Shut-in) Choke Size 15 VI. CERTIFICATE OF COMPLIANCE 34 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.

OIL CONSERVATION COMMISSION , 19. DEPUTY GLESSEL EL GK, DSI. 🚧 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 AUL 2 111. 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 their good proditions a course Time Cated must be flied for each and in call its

Lease No.

Donna

MA

J. Braće

Production Clerk

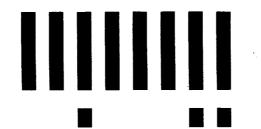
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(Date)







Job separation sheet

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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	GAS		
OPERATOR			
PROBATION OFFICE			

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

IPROBATION OFFICE 1 1 1	ND PORT OIL AND NATURAL GAS
I. Operator	
Northwest Pipeline Corporation	
P.O. Box 90, Farmington, New Mexico 87499	m FAEIVE TO
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well Change in Transporter of:	JAN 31 1385
	ondensate
If change of ownership give name and address of previous owner	OIL CON PIST. ?
and address of previous owner	
II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including For	
San Juan 29-6 Unit 35A Blanco Mesa V	
Location	
Unit Letter D : 1180 Feet From The North Lin	e and 875. Feet From The West
Line of Section 15 Township 29N - Range	6W NMPM, Rio Arriba County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	CAS
Name of Authorized Transporter of Cil Or Condensate (XX	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 Castrighead Gas or Dry Gas X	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. D 15 29N 6W	
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	OIL CONSERVATION DIVISION
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED 1AN 3 1/1985
been complied with and that the information given is true and complete to the best of my knowledge and belief.	Srank J ()
any anomicage and octation	SUPERVISOR DISTRICT 3
\sim \sim \sim \sim \sim \sim \sim \sim	TITLE SUFERVISOR DISTRICT # 3
Dinda O Margues B	This form is to be filed in compliance with RULE 1104.
Linda S. Marques Production and Drilling Clerk	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.
(Title)	All sections of this form must be filled out completely for allo- able on new and recompleted wells.
January 22, 1985	Fill out only Sections I. II. III, and VI for changes of owne well name or number, or transporter, or other such change of condition
	Separate Forms C-104 must be filed for each pool in multip completed wells.
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