

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

Form approved,
Budget Bureau No. 42-R355.5.

5. LEASE DESIGNATION AND SERIAL NO.

SF 078284

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

San Juan 29-6 Unit

8. FARM OR LEASE NAME

San Juan 29-6 Unit

9. WELL NO.

40A

10. FIELD AND POOL, OR WILDCAT

Blanco Mesa Verde

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA

Sec 23 T29N R6W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

New Mexico

19. ELEV. CASINGHEAD

6679' GR

20. TOTAL DEPTH, MD & TVD

5970'

21. PLUG, BACK T.D., MD & TVD

5940'

22. IF MULTIPLE COMPL., HOW MANY*

23. INTERVALS DRILLED BY

ROTARY TOOLS

CABLE TOOLS

all

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

Mesa Verde; 5374' to 5868'

25. WAS DIRECTIONAL SURVEY MADE

no

26. TYPE ELECTRIC AND OTHER LOGS RUN

GR-Neutron, 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	CEMENTING RECORD	AMOUNT PULLED
9-5/8"	32.3#	194'	12-1/4"	125 sks	5 bbls
7"	20.0#	3900'	8-3/4"	160 sks	-

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)
4-1/2"	3749'	5970'	210	

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2-3/8"	5853'	none

31. PERFORATION RECORD (Interval, size and number)

5374	5421	5497	5620	5790	5824
5378	5426	5527	5714	5796	5830
5404	5431	5532	5721	5806	5836
5411	5440	5604	5772	5810	5850
5416	5444	5609	5785	5818	5868

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
5374' to 5868'	Spot 500 gal 7 1/2% HCl & perfed.
30 holes	Pumped 1000 gal 7 1/2% HCl & dropped 50 balls. Pumped 10,000 gal pad & fraced w/ 100,000 gal 20/40 sand

33. PRODUCTION

DATE FIRST PRODUCTION

N/A

PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)

Flowing

WELL STATUS (Producing or shut-in)

Shut-in

DATE OF TEST

5-19-78

HOURS TESTED

3 hrs

CHOKE SIZE

4 X 2.750

PROD'N. FOR TEST PERIOD

OIL—BBL.

GAS—MCF.

WATER—BBL.

GAS-OIL RATIO

5-19-78

3 hrs

4 X 2.750

—

CV 3064

—

—

—

FLOW. TUBING PRESS.

339 psig

CASING PRESSURE

667 psig

CALCULATED 24-HOUR RATE

OIL—BBL.

GAS—MCF.

WATER—BBL.

OIL GRAVITY-API (CORR.)

—

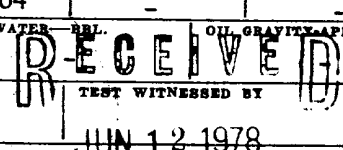
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

Waiting on pipeline connection

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from the well logs and other data on file in the files of the Geological Survey

SIGNED Barbara C. Rex TITLE Production Clerk DURANGO, COLO. DATE June 7, 1978



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

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LAND OFFICE	
TRANSPORTER	OIL 1
	GAS 1
OPERATOR	2
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

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 Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 29-6 Unit	Well No. 40A	Pool Name, Including Formation Blanco Mesa Verde	Kind of Lease State Federal State	Lease No. SF078274
Location				
Unit Letter 0	1190 Feet From The South Line and 1800 Feet From The East			
Line of Section 23	Township 29N	Range 6W	, NMPM, Rio Arriba County	

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)
Northwest Pipeline Corporation	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)
Northwest Pipeline Corporation	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
	0 23 29N 6W no

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 4-19-78	Date Compl. Ready to Prod. 5-19-78	Total Depth 5970'	P.B.T.D. 5940'					
Elevations (DF, RKB, RT, GR, etc.) 6679'GR	Name of Producing Formation Mesa Verde	Top Oil/Gas Pay 5374'	Tubing Depth 5853'					
Perforations 5374' to 5868'; 30 holes							Depth Casing Shoe 5970'	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	9-5/8"	194'	125					
8-3/4"	7"	3900'	160					
6-1/4"	4-1/2" liner	3749'-5970'	210					
-	2-3/8" thg	5853'	-					

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 allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test 5-19-78	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 3064, AOF 5325	Length of Test 3 hrs	Bbls. Condensate/MMCF 1	Gravity of Condensate N/A
Testing Method (pitot, back pr.) Back pressure	Tubing Pressure (shut-in) 942 psig	Casing Pressure (shut-in) 940 psig	Choke Size 4-X 2,750

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
 (Title)
June 7, 1978
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY Original Signed by A. R. Kendrick

TITLE SUPERVISOR DIST. #2

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.
 Form C-104 must be filed for each well in multiply