

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-1  
Effective 1-1-65

|                        |     |
|------------------------|-----|
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| U.S.G.S.               |     |
| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PRORATION OFFICE       |     |

1. Operator  
Northwest Pipeline Corporation  
Address  
P.O. Box 90, Farmington, New Mexico 87499

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. | 93  | Prod. Name, including Formation | Gobernador Pictured Cliffs | Kind of Lease | XXX Federal or XXX | Lease No. | SF-079033 |
| Location        | Unit Letter C : 790 Feet From The North Line and 1705 Feet From The West |          |     |                                 |                            |               |                    |           |           |
| Line of Section | 23                                                                       | 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"/>         | 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"/> | El Paso Natural Gas Company     | Address (Give address to which approved copy of this form is to be sent) | P.O. Box 990, Farmington, New Mexico 87499   |
| If well produces oil or liquids, give location of tanks.                                                                 | Unit C Sec. 23 Twp. 29N Rge. 5W | 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 Resrv. | Diff. Resrv. |
| 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           |                 |           |              |              |        |           |             |              |
| 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 lead 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

Production Clerk

December 9, 1982

(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 27 1982, 19

BY Original Signed by CHARLES GHOLSON

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 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.

Complete Form C-104 must be filed for each pool to multiply

djb/njd