

NO. OF COPIES RECEIVED		6
DISTRIBUTION		
SANTA FE		1
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	
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

I.

Operator Northwest Pipeline Corporation	
Address PO Box 90, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	
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"/>
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. 89	Pool Name, including Formation Basin Dakota	Kind of Lease State Leased or Fee	Lease No.
Location				
Unit Letter K	2300	Feet From The South	Line and 1830	Feet From The West
Line of Section 34	Township 29N	Range 5W	NMPM, Rio Arriba	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)
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

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'v.	Diff. Res'v.
		X	X					
Date Spudded 11-4-78	Date Compl. Ready to Prod. 11-21-78	Total Depth 8000'	P.B.T.D. 7982'					
Elevations (DF, RKB, RT, GR, etc.) 6650' GR	Name of Producing Formation Basin Dakota	Top Oil/Gas Pay 7954'	Tubing Depth 7973'					
Perforations 7954'-7966'; 24 holes	Depth Casing Shoe 8000'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	9-5/8"	291'	175					
8-3/4"	7"	3800'	175					
6-1/4"	4-1/2"	surface- 8000'	245					
-	2-3/8" tbq	7973'	-					

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 11-21-78	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	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
CV 2827 AOF 3186	3 hrs	-	1.100
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Back Pressure	2011 psig	2215 psig	2" X 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. Tex
(Signature)

Production Clerk
(Title)

November 27, 1978
(Date)

OIL CONSERVATION COMMISSION

NOV 29 1978

APPROVED _____, 19

BY Original Signed by FRANK T. CHAVEZ

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.