	EIVED	1		
DISTRIBUTION				
SANTA FE /				
FILE		IZ		
U.S.G.S.				
LAND OFFICE				
IRANSPORTER	OIL	1	<u> </u>	
	GAS	/		
OPERATOR		2		
PRORATION OFFICE				

1	DISTRIBUTION	NEW MEXICO OIL, CO	DNSERVATION COMMISSION	Form C - 104			
	SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-11			
-	FILE	-	AND	Effective 1-1-65			
ı	U.S.G.S.	AUTHORIZATION TO TRAI	ANSPORT OIL AND NATURAL GAS				
1	LAND OFFICE	AUTHORIZATION TO TRAI	No. O.C. OLE PARD TAX TORREE O				
	OIL ,						
	TRANSPORTER GAS						
ŀ	OPERATOR 2						
_ }	PRORATION OFFICE			API 30-039-21790			
1.	Operator						
	Northwest Pipeline	Corporation		:			
	P.O. Box 90, Farm	ington, New Mexico 8740	าา				
- 1	Reason(s) for filing (Check proper box)	ington, new mexico or it	Other (Please explain)				
	New Well	Change in Transporter of:					
	Vew west						
	Recompletion	OII Dry Gas	· -				
	Change in Ownership	Casinghead Gas Condens	sate				
	If change of ownership give name and address of previous owner						
II.	DESCRIPTION OF WELL AND I	EASE					
1	Lease Name	Well No. Pool Name, Including Fo	ormation Kind of Lease				
	San Juan 29-6 Unit	111 Blanco Picture	ed Cliffs XXXX Federal	3AAA			
	Location						
	Unit Letter C : 115	O Feet From The North Line	e and 1730 Feet From T	he West			
	Cital Ethici						
	Line of Section 1 Tow	nship 29N Range 6	W , NMPM, Ri	o Arriba County			
II.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	S				
	Name of Authorized Transporter of Cil	or Condensate X	Address (Give address to which approx				
	Northwest Pipeline Name of Authorized Transporter of Cas.	Corporation	3539 E. 30th St., Farmi Address (Give address to which approx	ngton, New Mexico 87401			
	Name of Authorized Transporter of Cas		I .				
	Northwest Pipeline	Corporation	3539 E. 30th St., Farmi				
		Unit Sec. Twp. P.ge.	Is gas actually connected? Whe	n.			
	give location of tanks.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	If this production is commingled with	h that from any other lease or pocl.	give commingling order number:				
	COMPLETION DATA						
. * •			New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completion	n = (X)	X	i ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	8-21-78	11-26-79	3715'	3696'(FC) 3690'(CO)			
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	6636 'GR	Pictured Cliffs	35981	Tubingless			
Perforations Depth Casino			Depth Casing Shoe				
	3598' to 3630'; 14 shots 3705'						
		TUBING, CASING, AND	CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	12-1/4"	8–5/8''	124'	90 .			
	7-7/8'' to 3230'						
	6-3/4" to TD	2–7/8''	3705'	170			
	0 0/1 00 12			<u>i. </u>			
.,	TECT DATA AND REQUEST FO	OP ALLOWARIE (Test must be at	fter recovery of total volume of load oil	and must be equal to or exceed top allow			
٧.	able for this depth or be for full 24 hours)						
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	(t, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas-MCF			
	AS WELL Date of Test: 11-26-79						
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	1	3 hrs	-0-	1 4			
	CV 1436 AOF 1462 Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
	Back Pressure	Tubingless	1089 psig	2" X 0.750"			
	CONTRACTOR OF CONTRACTOR	CE	OIL CONSERVA	ATION COMMISSION			
VI.	CERTIFICATE OF COMPLIANCE		and 179 h. 1 and 1 4 5 5 6				
	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.		APPROVED DEC 1 7 19/9				
			Original Signs AL 124 A T MAC A				
			BY DEPUTY GIL & LAS INCRELTOR, DIST. #3				
			DEPUTY CEL & LAG	#3			
		·		41			

Barbara C. Lex
(Signature)
Production Clerk
(Title)
December 3, 1979

(Date)

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.