

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-11  
Effective 1-1-65

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

API #30-039-22471

I. Operator  
Northwest Pipeline Corporation  
Address  
P.O. Box 90, Farmington, New Mexico 87401  
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.	73	Pool Name, including Formation	Blanco Mesa Verde	Kind of Lease	XXX	State, Federal or	XXX	NM	Lease No.	0558140
Location												
Unit Letter	H	1680	Feet From The	North	Line and	795	Feet From The	East				
Line of Section	15	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"/>	Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent)	P.O. Box 90, Farmington, N.M. 87401				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent)	P.O. Box 90, Farmington, N.M. 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	4-3-81	Date Compl. Ready to Prod.	6-29-81	Total Depth	6165'	P.B.T.D.	6114'	
Elevations (DF, RKB, RT, GR, etc.)	6755' GR	Name of Producing Formation	Mesa Verde	Top Oil/Gas Pay	5594'	Tubing Depth	6163'	
Perforations	5594' - 6016'					Depth Casing Shoe	5880'	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13-3/4"	9-5/8"	217'	115 SX					
8-3/4"	7"	4060'	165 SX					
6-1/4"	4-1/2"	3860' - 6163'	230 SX					
	2-3/8"	5880'						

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	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 Test Date 6-29-81

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
CV 2006 AOF 2196 MCFD	3 hrs	0	0
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	1007 psig	Packer	2" X.750"

I. 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.



OIL CONSERVATION COMMISSION

NOV 25 1981

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

Donna J. Brace  
(Signature)

Production Clerk  
(Title)

7-29-81  
(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.