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SANTA FE

FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER

OIL

GAS

OPERATOR

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

API #30-039-22471

Operator

Northwest Pipeline Corporation

Address

P.O. Box 90, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name

San Juan 29-5 Unit

Well No.

73

Pool Name, including Formation

Gobernador Pictured Cliffs

Kind of Lease

XXX, Federal XXXXX

Lease No.

NM 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

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

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

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:

COMPLETION DATA

Designate Type of Completion - (X)

Oil Well

Gas Well

New Well

Workover

Deepen

Plug Back

Same Res'v.

Diff. Res'v.

Date Spudded

4-3-81

Date Compl. Ready to Prod.

7-6-81

Total Depth

6165'

P.B.T.D.

3830'

Elevations (DF, RKB, RT, GR, etc.)

6755' GR

Name of Producing Formation

Pictured Cliffs

Top Oil/Gas Pay

3602'

Tubing Depth

6163'

Perforations

3602' - 3773'

Depth Casing Shoe

3860'

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

1-1/4"

3740'

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 7-6-81

Actual Prod. Test-MCF/D

CV 1777 AOF 2823 MCFD

Length of Test

3 hrs

Bbls. Condensate/MMCF

0

Gravity of Condensate

0

Testing Method (pilot, back pr.)

Back Pressure

Tubing Pressure (Shut-in)

1110 psig

Casing Pressure (Shut-in)

1107 psig

Choke Size

2" X .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

APPROVED

BY Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

TITLE

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 pool in multiple copies.

RECEIVED

JUL 31 1981

OIL CON. COM.

DIST. 3

Donna J. Brace

Donna J. Brace

Production Clerk

7-29-81