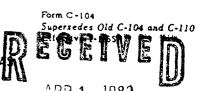
| HO. OF COPIES RECE | cives ; | |
|--------------------|---------|--|
| DISTRIBUTIO | | |
| SANTA FE | | |
| FILE | | |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION OFFICE | | |
| Operator | | |

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALL OWARLE



| | U.S.G.S. LAND OFFICE IRANSPORTER OIL | | FOR ACCOMABLE AND INSPORT OIL AND NATURAL G | RECEIVED | | |
|--|---|---|--|--|--|--|
| • | GAS OPERATOR PROPATION OFFICE | | | OIL CON. DIV. | | |
| 4. | Operator Northwest Pipelir | ne Corporation | | Dist. 3 | | |
| | P.O. Box 90, Farm | P.O. Box 90, Farmington, New Mexico 87499 Other (Please explain) | | | | |
| | New Well | Change in Transporter of: | | The Control of the Co | | |
| ! | Recompletion Change in Ownership | OII Dry Ga Casinghead Gas Conden | Init #73 to Co | name from San Juan 29-5 bernador #6 | | |
| | If change of ownership give name and address of previous owner | | | | | |
| II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Fool Name, Including Formation Kind of Lease Lease No. | | | | | | |
| | Gobernador | 6 Blanco Mesa V | Conta Fadaval | | | |
| | Unit Letter H : 168 | 30 Feet From The North Lin | e and 795 Feet From T | he <u>East</u> | | |
| | Line of Section 15 Tow | mship 29N Range | 5W NMPM, Rio Ar | riba County | | |
| Ħ. | DESIGNATION OF TRANSPORT | TER OF OIL AND NATURAL GA | \S | | | |
| | Name of Authorized Transporter of Cil Petro Source Inc. | or Gondensate X | Augross (Give address to which approv | , | | |
| | Name of Authorized Transporter of Cas Northwest Pipeline Cor | ** | 1979 So 700 West, Salt Address (Give address to which approv P.O. Box 90, Farmington | | | |
| | If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. H 15 29N 5W | Is gas datually connected? Whe | n | | |
| | If this production is commingled wit COMPLETION DATA | 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | give commingling order number: | | | |
| 17. | Designate Type of Completio | on - (X) Gas Well | New Well Workover Deepen | Plug Back Same Restv. Diff. Restv. | | |
| | Date Spudded | Date Compl. Reasy to Prod. | Total Depth | P.B.T.D. | | |
| | Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | |
| | Periorations | | 1 | Depth Casing Shoe | | |
| | | TUBING, CASING, AND CEMENTING RECORD | | | | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | |
| | | | | | | |
| | | | | | | |
| | TOTAL AND VICALISE TO | OB ALLOWARD E (Ton our book | feet to a second of total and was of load oil o | nnd must be squal to or exceed ton allows | | |
| ٧. | OIL WELL | able for this de | ABLE (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 Cil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lif | t, etc.) | | |
| | Length of Test | Tubing Pressure | Coaing Pressure | Choke Size | | |
| | Actual Prod. During Test | Oti-Bbis. | Water-Shis. | Gas - MCF | | |
| | | | <u> </u> | <u> </u> | | |
| | GAS WELL Actual Prod. Test-MCF/D | Length of Teat | Bbis. Condensate/MMCF | Gravity of Condensate | | |
| | Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Cusing Pressure (Shut-in) | Choke Size | | |
| VI. | CERTIFICATE OF COMPLIANCE OIL CONSERVATIO | | TION COMMISSION | | | |
| ٠,٠ | I hereby certify that the rules and r | | APPROVED APR 1, 79 1983 | | | |
| | Commission have been complied w | with and that the information given !! | | T. CHAVEZ | | |
| | above is true and complete to the | e best of my knowledge and better. | TITLE SUPERVISOR DISTRICT # 3 | | | |
| | Commo 1 | This form is to be filed in compliance with RULE 1104. | | | | |
| | Donna J. Brace Since | ature) | well, this form must be accompated tests taken on the well in accor | nied by a tabulation of the deviation dance with RULE 111. | | |
| | Production C1 | erk | Ail sections of this form mu | st be filled out completely for allow- | | |

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.

(Title)

March 29, 1983 (Date)