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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 G-104  
Supersedes Old G-104 and G-110  
Effective 1-1-85

API #30-039-22671

Operator Northwest Pipeline Corporation	
Address P.O. Box 90, Farmington, N.M. 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
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"/>

If change of ownership give name  
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 29-5 Unit	Well No. 37A	Pool Name, Including Formation Blanco Mesa Verde	Kind of Lease <del>XXXXXX</del> or Fee	Lease No. Fee
Location Unit Letter <u>E</u> ; <u>1810</u> Feet From The <u>North</u> Line and <u>980</u> Feet From The <u>West</u> Line of Section <u>31</u> Township <u>29N</u> Range <u>5W</u> , NMPM, Rio Arriba, N.M. County				

II. 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 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"/>	Address (Give address to which approved copy of this form is to be sent) NORTHWEST PIPELINE CORPORATION 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:

V. 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 4-15-81	Date Compl. Ready to Prod. 10-26-81	Total Depth 5720'	P.B.T.D. 5650'					
Elevations (DF, RKB, RT, GR, etc.) 6420' GR	Name of Producing Formation Mesa Verde	Top Oil/Gas Pay 5137'	Tubing Depth 5505'					
Perforations 5137' to 5638'			Depth Casing Shoe 5705'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	9-5/8"	212'	115 sx					
8-3/4"	7"	3620'	160 sx					
6-1/4"	4-1/2"	3423' - 5702'	235 sx					
	2-3/8"	5505'						

V. TEST DATA AND REQUEST FOR ALLOWABLE  
OIL WELL

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

Actual Prod. Test - MCF/D CV 2964 AOF 4847	Length of Test 3 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 833 psig	Casing Pressure (Shut-in) 833 psig	Choke Size 2" X .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.

Donna J. Brase  
Donna J. Brase (Signature)  
Production Clerk

(Title)

December 1, 1981

(Date)

OIL CONSERVATION COMMISSION  
DEC 3 1981

APPROVED \_\_\_\_\_, 19\_\_\_\_

Original Signed by FRANK T. CHAVEZ

BY \_\_\_\_\_ 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.