

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

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

API #30-039-22726

I. OPERATOR

Operator: Northwest Pipeline Corporation

Address: P.O. Box 90, Farmington, N.M. 87401

Reason(s) for filing (Check proper box):

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinthead Gas Condensate *W.D.S.*

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. #47A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease XXX Federal XXXXX	Lease No. SF 081114
Location Unit Letter <u>C</u> ; <u>940</u> Feet From The <u>North</u> Line and <u>1630</u> Feet From The <u>West</u>				
Line of Section <u>4</u> Township <u>29N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</u> 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"/>	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 Casinthead 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:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
		X	X					
Date Spudded 5-30-81	Date Compl. Ready to Prod. 8-21-81	Total Depth 5700'	P.B.T.D. 5662'					
Elevations (DF, RKB, RT, GR, etc.) 6362' Gr	Name of Producing Formation Mesa Verde	Top Oil/Gas Pay 5224'	Tubing Depth 5518'					
Perforations 5224' - 5604'							Depth Casing Shoe 5696'	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	9-5/8"	213'	220					
8-3/4"	7"	3750'	175					
6-1/4"	4-1/2"	3556' - 5696'	220					
	2-3/8"	5518'						

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

Actual Prod. Test-MCF/D CV 2084 AOF 2415	Length of Test 3 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 800 psig	Casing Pressure (Shut-in)	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. Brace
 Donna J. Brace (Signature)
 Production Clerk (Title)
 9-16-81 (Date)

2-10-82 OIL CONSERVATION COMMISSION
 FEB 10 1982
 APPROVED _____, 19____
 Original Signed by FRANK T. CHAVEZ
 BY _____
 TITLE SUPERVISOR DISTRICT # 5

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.
 This form must be filed for each pool in multiple copies.