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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 1-1-83

RECEIVED
JAN 24 1983
OIL CON. DIV.
DIST. 3

I. Operator
Northwest Pipeline Corporation
Address
P.O. Box 90, Farmington, N.M. 87499
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 29-6 Unit	Well No. 114	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal, or XXXX	Lease No. SF 080379
Location Unit Letter <u>A</u> ; <u>810</u> Feet From The <u>North</u> Line and <u>1090</u> Feet From The <u>East</u> Line of Section <u>7</u> Township <u>29N</u> Range <u>6W</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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
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)
El Paso Natural Gas Company	P.O. Box 990, Farmington, N.M. 87499
If well produces oil or liquids, give location of tanks.	Unit <input type="checkbox"/> Sec. <input type="checkbox"/> Twp. <input type="checkbox"/> Rge. <input type="checkbox"/> Is gas actually connected? <input type="checkbox"/> When <input type="checkbox"/>
	NO

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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 11-20-82	Date Compl. Ready to Prod. 12-11-82	Total Depth 8100'	P.B.T.D. 8090'					
Elevations (DF, RKB, RT, GR, etc.) 6808.5 KB	Name of Producing Formation Dakota	Top Oil/Gas Pay 7966'	Tubing Depth 7967'					
Perforations 7966' - 8082'	Dakota	Depth Casing Shoe 8100'						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	9-5/8"	384'	236 cu.ft					
8-3/4"	7"	3983'	241.89, 118, 177 cu.ft					
6-1/4"	4-1/2"	8100'	543, 118 cu.ft					
	2-3/8"	7967'						

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 1-12-83

Actual Prod. Test-MCF/D (AOF 1224MCFD) 200 MCF	Length of Test 3 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 2511 psig	Casing Pressure (Shut-in) 2511 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. Brace
Donna J. Brace (Signature)
Production Clerk
(Title)

January 17, 1983
(Date)

OIL CONSERVATION COMMISSION

APPROVED 2-15-83, 19

BY Original Sign

TITLE SUPERVISOR

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.

Supersede Form C-104 must be filed for each pool in multiply