Submit. 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III

O Rio Brazos Rd., Aziec, NM 87410	REQU	EST FOR	ALLC	OWABL	E AND A	UTHOF	IZAT	ION			•	
	אוט ואאו	NATURAL GAS Well API No										
thwest Pipeline Corporation						30-039-2453						
dr:ss 3539 East 30th Street	- Farm	ington,	NM	8740		(2)	1-1-1					
asim(s) for Filing (Check proper box)				6	Other	(Please ex	plain)					
w Well		Change in Tra		r or:								
completion	Oil Casinghead		y Cas Indensati	. \Box								
nange in Operator	Campies	104 🗀 🚥	10011	<u>- L.J</u>							•	
thange of operator give name Laddress of previous operator												
DESCRIPTION OF WELL	AND LEA	SE						12: 1 -4	1	1 10	se No.	
sale Name		Well No. Pool Name, including				iformation Litland Coal			Kind of Lease States Federal XXX Fex		SF-078410	
San Juan 29-5 Unit	1	203 Basin Fri			urciuna oour				<u></u>			
ocstica B	955			" No	rth_ Line	and	1850	Fee	L From The _	East	Line	
Unit LetterB	_ :	Fe	et From	1 1Ne			٥.				_	
Section 6 Townshi	_p 29N	R	ange	5W	, NA	APM,	Ri	o Arri	ıba		County	
Jecqua												
II. DESIGNATION OF TRAN	SPORTE	R OF OIL	AND	NATU	RAL GAS	address to	which	annenved	copy of this fo	rm is 10 be se	nu)	
larne of Authorized Transporter of Oil		or Condensal			VIOLETTE (O.M.	E OCHE 633 11		- pp. 0				
			- D C	. (٧)	Address (Giv	e address i	which	approved	copy of this fo	rm is 10 be se	nt)	
larne of Authorized Transporter of Casis	ighead Cas				Address (Give address to which approved 3539 E. 30th - Farm			ington, NM 87401				
Northwest Pipeline Co	Unit	Sec. T	wp.	Rge.	Is gas actuall			When		_		
ve location of tanks.	i B	6	91	641								
this production is commingled with the	from any of	her lease or po	ol, give	comming	ing order num	ber:						
V. COMPLETION DATA	•									la Budu	Diff Res'v	
		Oil Well	G	s Well	New Well	Workove	r [Deepen	Plug Back	Same Res'v	pili kesy	
Designate Type of Completion	ı - (X)			<u> </u>	Total Darth	l	L		P.B.T.D.	<u> </u>	ــــــــــــــــــــــــــــــــــــــ	
Date Spudded	Date Corr	Date Compl. Ready to Prod.				Total Depth 3555' KB			3553	' KB		
1-24-89		1-24-90				Top Oil/Gas Pay			Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.)	Name of	Name of Producing Formation Basin Fruitland Coal				3402' KB			3525' KB			
6682' KB 6669' GR	Dasin Truttiana cout				I				Depth Casing Shoe			
									<u> </u>			
3402'-3550'		TUBING, CASING AND				CEMENTING RECORD						
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET				SACKS CEMENT			
12-1/4"		9-5/8"			235'				120 465			
8-3/4"		7"			3363				not cemented			
6-1/4"		5-1/2"			3555'				no	not cemented		
		2-3/8"	DIE		<u> </u>	3525'			!			
V. TEST DATA AND REQU OIL WELL (Test must be after	EST FOR	ALLUWA	MINE Mined	iii and mu	Il be equal to :	or exceed to	p allow	able for th	is depth or be	for full 24 ho	urs.)	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of		7 1000		Producing 1	Method (Flo	w, pur	φ, gas lift,	elc.)			
Date First New Oil Kill 10 1 and	Date of								- 0 0 -1	-	-	
Length of Test	Tubing 1	Pressure			Casing Pres	ente		(O)	5 51			
					111	ļ			Gas- MCF			
Actual Prod. During Test	Oil - Bb	Oil - Bbls.				Water - Bbla.				6 1990		
GAS WELL							~e	C	M_CQ	Contientatio	L	
Actual Prod. Test - MCF/D	Length	of Test			Bbis. Cond	ensale/MM	Cr	~	Clavity of	T.		
TSTUC		1			Casina Des	smire (Chie	in):	417500	Crickers		-	
Testing Method (pitot, back pr.)	-	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in); TSTM				my weeks that t	•	
Pitot TSTM											:	
VI. OPERATOR CERTIF	ICATE (OF COMP	'LIA	NCE		OIL C	ON	SER	VATION	I DIVIS	ION:	
I hereby certify that the rules and rules on Division have been complied with	gulations of	the Oil Conser	rvation en abov	re	11	•						
Division have been complied with is true and complete to the best of	my knowleds	e and belief.			D-	to Ann	rove	4	ADD 0.9	10.00		
						ra whh	OVE		APR 03	1330		
(parrie Harrian										Λ -		
	<u> </u>	Pròd. /	Accia	stant	Ву	·		3	0 8	tram		
Signature Carrie Harmon		rrou. F		s call c	_	1 -			•			
Printed Name		327.	Title -535	1	Tit	le		SUPER	IVISOR D	ISTRICT	13-	
3-14-90 Dute			ephone		.							
Date												

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 4) Separate Form C-104 must be filed for each pool in multiply completed wells.



MART SEND