

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Northwest Pipeline Corporation	Well API No. 30-039-24599
Address 3539 East 30th Street - Farmington, NM 87401	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain)	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 29-6 Unit	Well No. #208	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease <input checked="" type="checkbox"/> State, Federal <input checked="" type="checkbox"/> F&A	Lease No. SF-078460
Location Unit Letter <u>N</u> : <u>1450</u> Feet From The <u>West</u> Line and <u>1230</u> Feet From The <u>South</u> Line Section <u>17</u> Township <u>29N</u> Range <u>6W</u> , <u>NMPM</u> , <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)					
Northwest Pipeline Corp.	3539 E. 30th - Farmington, NM					
If well produces oil or liquids, give location of tanks.	Unit <u>N</u>	Sec. <u>17</u>	Twp. <u>29N</u>	Rge. <u>6W</u>	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 Res'v	Diff Res'v
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 1-2-90	Date Compl. Ready to Prod. 1-22-90		Total Depth 3566' KB		P.B.T.D. 3563' KB			
Elevations (DF, RKB, RT, GR, etc.) 6716' KB 6703' GR	Name of Producing Formation Basin Fruitland Coal		Top Oil/Gas Pay 3352'		Tubing Depth 3536'			
Perforations 3352'-3561'					Depth Casing Shoe 3565'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4	9-5/8"		533'		280			
8-3/4"	7"		3353'		460			
6-1/4"	5-1/2"		3565'		not cemented			
	2-7/8"		3536'					

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 depth of hole)			
Date First New Oil Run To Tank	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
RECEIVED MAR 13 1990 OIL CON. DIV DIST. 3			

GAS WELL

Actual Prod. Test - MCF/D TSTM	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Pitot	Tubing Pressure (Shut-in) TSTM	Casing Pressure (Shut-in) TSTM	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Carrie Harmon  
Carrie Harmon Prod. Assistant  
Printed Name 3-9-90 Title 327-5351  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 26 1990  
By Supervisor  
SUPERVISOR DISTRICT #3  
Title

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.

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