## NO. OF COPIES RECEIVED

SANTA FE FILE				FOR ALLOWAE AND	BLE	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65			
LAND OFFICE  IRANSPORTER OIL GAS		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
PRORATION OFFICE									
Operator Northwest 1	Pipelina	e Corporat	tion						
Address 501 Airport	Drive	Farmine	gton, New Mexico	87401					
Reason(s) for filing (Check )		1	n Transporter of:	Other (	Please explain)				
New We!!  Recompletion		OII	Dry Gas						
Change in Ownership X	<del></del>	Casinghe							
f change of ownership given independent of the second of t	ner	l Paso Nat	ural Gas Compan	y, PO Box 99	90, Farmingto	on, New Mexico 87401			
DESCRIPTION OF WELL Lease Name	L AND I	Well No.	Pool Name, Including Fo	ormation	Kind of Lease	1 = 1			
San Juan 29-6 Uni	t	35	Basin Dakota	2	State, Federal	l or Fee SF 030377			
Unit Letter M	, <u>890</u>	Feet Fro	om The South Line	and 1090	Feet From T	rhe West			
Line of Section 15	Tow	mahip 29N	Range	6w .	NMPM,	Rio Arriba County			
DESIGNATION OF TRA	NSPORT	TER OF OIL		S		ped copy of this form is to be sent)			
Name of Authorized Transpo Northwest			Condensate XX CION	501 Airpor	rt Drive, Fari	mington, New Mexico 87401			
Name of Authorized Transpo Northwest	rter of Cas	inghead Gas	or Dry Gas X	Address (Give address to which approved copy of this form is to be sent) 501 Airport Drive, Farmington, New Mexico 8740					
If well produces all or liquid		Unit Sec		Is gas actually co					
give location of tanks.  I this production is commi	ingled wit	<del></del>		give commingling	order number:				
COMPLETION DATA		10	Oil Well Gas Well	New Well Work		Plug Back   Same Restv.   Diff. Restv.			
Designate Type of C	ompletio		Ready to Prod.	Total Depth		P.B.T.D.			
Date Spudded	· ·								
Elevations (DF, RKB, RT, C	R, etc.,	Name of Prod	ucing Formation	Top Oil/Gas Pay		Tubing Depth			
Perforations						Depth Casing Shoe			
		<del></del>	TUBING, CASING, AND		ECORD TH SET	SACKS CEMENT			
HOLE SIZE		CASING	G & TUBING SIZE						
		1.							
					-11 of land oil	and must be equal to or exceed top allow-			
TEST DATA AND REQ OIL WELL			able for this de	pth or be for full 2:	hours pump, jas lij				
Date First New Oil Run To	Tanks	Date of Test			2				
Length of Test		Tubing Press	nte	Casing Pressure	5 h	Choke Size			
Actual Prod. During Test	<u>, , , , , , , , , , , , , , , , , , , </u>	Oil-Bbls.		1.0.0.20	AN 2 2 1974	Gas - MCF			
		<u> </u>		DIST. 3					
GAS WELL Actual Prod. Test-MCF/D	,	Length of Te	at .	Bbls. Condensate		Gravity of Condensate			
Testing Method (pitot, back	pr.)	Tubing Press	wo (Ghut-in)	Casing Pressure	(shut-in)	Choke Size			
CERTIFICATE OF CO	MPLIAN	CE	-		OIL CONSERVA	ATION COMMISSION			
I hereby certify that the r			the Oil Conservation	APPROVED		074 . 19			
I hereby certify that the r Commission have been c above is true and comple	vith and that	the information Siven	By Original Signed by A. R. Kendrick						
				TITLE PI	TROLEUM ENGIN	THER DIST. NO. 3			
		70 10 10 10 10 10 10 10 10 10 10 10 10 10	This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or despend						
	ature)		well, this for	well, this form must be accompanied by a tabulation of the deviction treats taken on the well in accordance with MULE 111.					
	tle)		All sections of this form must be filled out completely for allowable on new and recompleted wells.						
	() 1 () () () () () () () () () () () () ()	1	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.						
	100	/		Separate	Forma C-104 mus	it be filed for each pool in multiply			

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SANTA FE / FILE /	NEW M	DASERVATION CO. FOR ALLOWABL - AND		Poim G-104 Supersedes Old C-104 and C-110 Effective 1-1-65			
U.S.G.S. LAND OFFICE	AUTHORIZAT	ION TO TRAI	* * * *	D NATURAL GAS	;		
TRANSPORTER GAS !							
PRORATION OFFICE							
Operator Northwest Pipel	line Corporation						
Address			07/01				
Reason(s) for filing (Check proper	ve, Farmington, N	Kew Mexico		ase explain)			
New We!!  Recompletion	Change in Transpor	rter of: Dry Gas					
Change in Ownership	Casinghead Gas	Condens	<b>添わ</b> し				
If change of ownership give nam and address of previous owner_	El Paso Natural G	as Compan	y, PO Box 990	, Farmington,	New Mexico 87401		
DESCRIPTION OF WELL AS	Vell No. Pool Na	me, including Fo	emation	Kind of Lease	Lease No.		
San Juan 29-6 Unit	35	Blanco Mes	a Verde	State, Federal or	Fee ST 080377		
Location Unit Letter M ;8	90 Feet From The	South Line	, and 1090	Feet From The	West		
Line of Section 15	Township 29N	Range	6y , na	ирм. Rio Arri	ca County		
DESIGNATION OF TRANSPO	ORTER OF OIL AND N	ATURAL GAS	S Address (Cive addre	es to which approved	copy of this form is to be sent)		
Name of Authorized Transporter of Northwest Pipe	line Corporation		501 Airport	Drive, Farmi	ngton, New Mexico 87401		
Name of Authorized Transporter of	Casinghead Gas Corporation	ry Gas 🛣	Address (Give address to which approved copy of this form is to be sent) 501 Airport Drive, Farmington, New Mexico 87401				
If well produces oil or liquids,	Unit   Sec.   Tw	ا را	Is gas actually conn				
give location of tanks.  If this production is commingled			give commingling of	rder number:			
COMPLETION DATA	Oil Well		New Well Workov		lug Back   Same Res'v. Dill, Res'v.		
Designate Type of Compl	etion - (X)		To a local	1 1	P.B.T.D.		
Date Spudded	Date Compl. Ready to F	roa.	Total Depth				
Elevations (DF, RKB, RT, GR, etc.	Name of Producing For	mation	Top Oil/Gas Pay	\^  •	Cubing Depth		
Perforations				I.	Depth Casing Shoe		
			CEMENTING REC	1	SACKS CEMENT		
HOLE SIZE	CASING & TUB	ING SIZE	DEPTH	1521	SACKS CEMENT		
TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE	(Test must be af able for this de)	pth or be for full 24 h	ours)	I must be equal to or exceed top allow-		
Date First New Oil Run To Tanks	Date of Test		Producing Method (	THE WA	etc.)		
Length of Test	Tubing Pressure		Casing Pressure	LULITION	Choke Size		
Actual Prod. During Test	Oil-Bbis.		Water-Bbls J	N 2 2 574 9	an · MCF		
			OIL	CON. COM.			
GAS WELL			Bble. Condensate/A	DIST. 3	Gravity of Condensate		
Actual Prod. Test-MCF/D	Length of Test		Bbis. Condensate/				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut	:-in)	Casing Pressure (S	hut-in)	Choke Size		
CERTIFICATE OF COMPLI	ANCE		01	L CONSERVAT	ON COMMISSION		
I hereby certify that the rules a Commission have been compile	ed with eac that INA IBIO	rmation riven			A. R. Kendrick		
shove is true and complete to	the best of my knowledg	ge and belief.	PR		MR DIST. NO. 8		
			71166		npliance with RULE 1104.		
	MAHAFFE	Y	If this is a request for allowable for a newly drilled or deepened				
(	Signature)		well, this form must be accompenied by a tenderion of the tests taken on the well in accordance with HULE 111.  All sections of this form must be filled out completely for allow-				
	(Title)		able on new en	d recompleted well	m. III and VI for changes of owner.		
	(Date)		well name or nu	uper, or transporter	or other such change of condition, be filed for each pool in multiply		
			completed wells	(a)			