CISTRIBUTION NEW MEXICO OIL, CONSCRIVATION COMMISSION Supervedes Old C-104 and C-110 Effective 1-1-65 REQUEST FOR ALLOWABLE SANTA FE FILE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS U.S.G.S. LAND OFFICE OIL. TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator Northwest Pipeline Corporation 501 Airport Drive, Farmington, New Mexico 87401 Other (Please explain) Reason(s) for living (Check proper box) New Well Change in Transporter of: OII Recompletion Condensate X Casinghead Gas Change in Ownershit If change of ownership give name El Paso Natural Gas Company, PO Box 990, Farmington, New Mexico 87401 and address of previous owner ______ El Paso Natural Gas Company, PO Box 990, Farmington, New Mexico 87401 I. DESCRIPTION OF WELL AND LEASE Louse Ho. Kind of Lease Pool Name, Including Formation Well No. st 078740 State, FedMal or Fee San Juan 30-5 Unit Blanco Mesa Verde 15 Location Feet From The North Line and 800 East <u>: 1675</u> Η Unit Letter 30N 5W Rio Arriba 19 NMPM. Range Township Line of Section I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil 501 Airport Drive, Farmington, New Mexico 8740 Northwest Pipeline Corporation Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas 5 501 Airport Drive, Farmington, New Mexico 8740 Northwest Pipeline Corporation Is gas actually connected? When Unit If well produces oil or liquids, :50 H 19 30N give location of turks. If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Plug Back Same Resty. Diff. Resty. New Well Workover Deepen Oil Well Designate Type of Completion - (X) P.B.T.D. Total Depth Date Compl. Ready to Prod. Tubing Depth Top Oll/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Hun To Tanks Choke Size Casina Pressu Tubing Pressure Length of Test a - MCF Water - Bble Oil-Bbls. Actual Prod. During Test Jan 2 3 1974 OIL CON. COM GAS WELL Bble. Condensa MINGST. 3 Gravity of Condensate Length of Tost Actual Prod. Test-MCF/D Choke Sixe Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.)

A. 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.

ORIGINAL SUPPLY SUPPLE MANAFFEY (Signature) (Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED BY Original Signed by Emery C. Arnold

SUPERVISOR DIST

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despened well, this form must be accompanied by a tabulation of the deviation tosts taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on now and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of owner, cell name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each poel in multiply completed well".