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| DISTRIBUTION           |     |   |     |  |  |
| SANTA FE               |     |   |     |  |  |
| FILE                   |     | 1 |     |  |  |
| U.S.G.S.               |     |   |     |  |  |
| LAND OFFICE            |     |   |     |  |  |
| IRANSPORTER            | OIL | 1 |     |  |  |
|                        | GAS | 1 |     |  |  |
| OPERATOR               |     |   |     |  |  |
| PRORATION OFFICE       |     |   |     |  |  |
| Operator               |     |   |     |  |  |
| Northwest Pipeline Co  |     |   |     |  |  |
|                        |     |   |     |  |  |

| }   | DISTRIBUTION  | NEW MEXICO OIL C  | NEW MEXICO OIL CONSERVATION COMMISSION  REQUEST FOR ALLOWABLE  Porm C - 104  Supersedes Old C-104 and C-11  Effective 1-1-65 |                                 |   |                                       |  |
|---|---|---|--|---------------------------------|---|---------------------------------------|--|
|   | SANTA FE /  | REQUEST   |  |                                 |   | C-104 and C-110                       |  |
|   | FILE /  |   | AND  |                                 |   |                                       |  |
|   | U.S.G.S.  | AUTHORIZATION TO TRA  | INSPORT OIL AND I  | IATURAL GAS                     |   |                                       |  |
|   | LAND OFFICE   |   |  |                                 |   |                                       |  |
|   | TRANSPORTER OIL / GAS /   |   |  |                                 |   |                                       |  |
| Ī   | OPERATOR 2  |   |  | •                               |   |                                       |  |
| 1.  | PRORATION OFFICE  |   |  |                                 |   |                                       |  |
|   | Operator  |   |  |                                 |   |                                       |  |
| -   | Northwest Pipeline Corporation  |   |  |                                 |   |                                       |  |
| P.O. Box 90, Farmington, New Mexico 87401  Other (Please explain)               |   |   |  |                                 |   |                                       |  |
| ı   | Reason(s) for filing (Check proper  | box)  | Other (Please  | explain)                        |   |                                       |  |
| ١   | New Well  | Change in Transporter of:   | , [-]  |                                 |   |                                       |  |
| - 1   | Recompletion  | OII Dry G   | <b>₹</b>   |                                 |   |                                       |  |
| - 1   | Change in Ownership   | Casinghead Gas Conde  | nsate  |                                 |   |                                       |  |
| •   | If change of ownership give nar   | e   |  |                                 |   |                                       |  |
|   | and address of previous owner   | UD I CASE   |  |                                 |   |                                       |  |
| ш.  | DESCRIPTION OF WELL A   | Well No. Pool Name, Including F   | Formation  | Kind of Lease                   |   | Lease No.                             |  |
|   | San Juan 30-5 Unit  |   | _  | State, XXXXXXXXXX               | Х   | E 347-25                              |  |
|   |   | 30   220.00   |  |                                 |   |                                       |  |
|   | Location  | one of Court has the  | 050  | Feet From The                   | West  |                                       |  |
|   | Unit Letter M :   | 870 Feet From The South Li  | ne and930  |                                 |   |                                       |  |
|   |   | Township 30N Range  | 5W , NMPN  | Rio Arri                        | ha  | County                                |  |
|   | Line of Section 36  | Township 30N Range  |  | THE TAXABLE                     |   |                                       |  |
|   | and the second second second  | ORTER OF OUL AND NATURAL G  | AS   |                                 |   |                                       |  |
| II.   | Name of Authorized Transporter of   | ORTER OF OIL AND NATURAL G  | 1477.000 10100   | to which approved co            | py of this form is to                         | be sent)                              |  |
|   | Northwest Pipelin   |   | 3539 East 30   | th, Farmingto                   | n, New Mexi                                   | co 87401                              |  |
|   | Name of Authorized Transporter  | Casinghead Gas or Dry Gas X   | Address (Give address  | to which approved co            | py of this form is t                          | o be sent)                            |  |
|   | Name of Authorized Transporter of Northwest Pipelin                       | Corporation   | 3539 East 30   | th, Farmingto                   | n, New Mexi                                   | co 87401                              |  |
|   | Northwest Fipelin   | Unit Sec. Twp. P.ge.  |  | Is gas actually connected? When |   |                                       |  |
|   | If well produces oil or liquids,  | No  |  |                                 |   |                                       |  |
|   | give location of tanks.   |   |  |                                 |   |                                       |  |
|   | If this production is commingle   | d with that from any other lease or pool  | , give commingling ord   | er number:                      |   |                                       |  |
| IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same F |   |   |  | Back   Same Res                 | v. Diff. Restv                                |                                       |  |
|   | Designate Type of Comp  |   | X  | i                               | !   | 1                                     |  |
|   |   | Date Compl. Ready to Prod.  | Total Depth  | P.B                             | J.T.D.  |                                       |  |
|   | Date Spudded  | 3-1-77  | 6785 <b>'</b>  |                                 | 6722 <b>'</b>                                 |                                       |  |
|   | 1-25-77   |   | Top Oil/Gas Pay  | Tub                             | ing Depth                                     |                                       |  |
|   | Elevations (DF, RKB, RT, GR,  | Mesa Verde  | 6616'  |                                 | 6676  |                                       |  |
|   | 7492' GR  | Hesa verde  | 0020   | Dep                             | oth Casing Shoe                               |                                       |  |
|   | Perforations 6616' - 6646', 6674' - 6684', 6696' - 6706' w/30 shots 6781' |   |  |                                 |   |                                       |  |
|   | 66  | TUBING CASING A   | ND CEMENTING RECO  | CEMENTING RECORD per zone       |   |                                       |  |
|   |   |   | DEPTH  | SET                             | SACKS CE                                      | MENT                                  |  |
|   | HOLE SIZE   | CASING & TUBING SIZE 9 5/8"   | 209  |                                 | 230   |                                       |  |
|   | 13 3/4"   | 9 3/8   | 4721   |                                 | 270   |                                       |  |
|   | 8 3/4"  | 4 1/2" Line   |  |                                 | 210   |                                       |  |
|   | 6 1/4"  | 2 3/8" Tubi   |  | 1                               |   |                                       |  |
|   | -   |   | after recovery of total vo   | lume of load ail and =          | nust be equal to or                           | exceed top allo                       |  |
| V   | TEST DATA AND REQUE   | T FOR ALLOWABLE (Test must be   | depth or be for full 24 not  | irs /                           |   |                                       |  |
|   | OIL WELL  |   | Producing Method (F)   | ow, pump, gas lift, etc         | c.)   |                                       |  |
|   | Date First New Cil Run To Tan   |   | Flov   |                                 |   |                                       |  |
|   |   | Tubing Pressure   | Casing Pressure  | Ch                              | oke Size                                      |                                       |  |
|   | Length of Test  | I fiblind Liessma   | •  |                                 |   | , , , , , , , , , , , , , , , , , , , |  |
|   |   | Oil-Bbls.   | Water - Bbls.  | Go                              | e-MCF   |                                       |  |
|   | Actual Prod. During Test  | OII- BDIE.  |  | ,                               |   | 17.20                                 |  |
|   |   |   |  |                                 |   |                                       |  |
|   |   |   |  |                                 |   |                                       |  |
|   | GAS WELL  | Length of Test  | Bbls. Condensate/Mi  | ICF Gr                          | avity of Condensat                            | ·/                                    |  |
|   | Actual Prod. Test-MCF/D   |   |  |                                 |   |                                       |  |
|   | CV 1558 AOF 17  | Tubing Pressure (Shut-in)   | Casing Pressure (Sh  | ut-in) Cr                       | noke Size                                     |                                       |  |
|   | Testing Method (pitot, back pr.   |   | 1102 P   |                                 | 3/4   |                                       |  |
|   | Back Pressure   | 1101 PSIG   | 1104 1   | CONSERVATION                    |   | ON                                    |  |
| V   | . CERTIFICATE OF COMP   | LIANCE  |  |                                 |   | - • •                                 |  |
| •   |   |   | APPROVED   |                                 | 1   | , 19                                  |  |
|   | I hereby certify that the rule  | and regulations of the Oil Conservation and with and that the information gives |  | Signed by A.                    | Ti 107 x x x 21 x x 2 x 2 x 2 x 2 x 2 x 2 x 2 |                                       |  |
|   |   |   |  |                                 | v rongrigit                                   |                                       |  |

above is true and complete to the best of my knowledge and be

| DATA           | Tawner                 | <u>JJ.                                     </u> |
|----------------|------------------------|---|
| .H. Maroncelli | (Signature) Production |   |

(Title) 3/5/77

(Date)

SUPERVISOR DIST. #3

TITLE .

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.