

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

1.

Operator Northwest Pipeline Corporation	
Address P.O. Box 90, Farmington, N.M. 87499	
Reason(s) for filing (Check proper box)	
New Well ☒	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Gashead Gas ☐ Condensate ☐
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 30-5 Unit	Well No. Pool Name, Indicating Formation #84 Blanco Mesa Verde	Kind of Lease XXX Federal XXXX	Lease No. SF 078739
Location Unit Letter J 1730 Feet From The East Line and 1840 Feet From The South			
Line of Section 33 Township 30N Range 5W, NMPM, Rio Arriba County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent) P.O. Box 90, Farmington, N.M. 87499
Name of Authorized Transporter of Gashead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent) P.O. Box 90, Farmington, N.M. 87499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. 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't	Diff. Res't
		X	X					
Date Spudded 8-28-82	Date Compl. Ready to Prod. 10-8-82	Total Depth 5982' KB	P.B.T.D. 5959'					
Elevations (DF, RKB, RT, CR, etc.) 6652' KB	Name of Producing Formation Mesa Verde	Top Oil/Gas Pay 5542'	Tubing Depth 5843'					
Perforations 5542' - 5940'	Total 30 holes	Depth Casing Shoe 5982'						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13-1/2"	9-5/8"	231' KB	208 cu.ft C1 B					
8-3/4"	7"	3920' KB	197 cu.ft & 118 cu.ft					
6-1/4"	4-1/2"	3732' - 5982' KB	394 cu.ft					
	2-3/8"	5483' KB						

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	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

GAS WELL Test Date 10-21-82

Actual Prod. Test-MCF/D (AOF 4076 MCF/D) 477	Length of Test 3 hrs	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1121 psig	Casing Pressure (Shut-in) Packer	Choke Size 2" X .750"

VI. 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.

Donna J. Brace
Donna J. Brace (Signature)
Production Clerk
(Title)
November 24, 1982
(Date)

OIL CONSERVATION COMMISSION
12-6-82
APPROVED DEC - 6 1982, 19
BY Frank J. [Signature]
TITLE Assistant to Director

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.
Form C-104 must be filled for each pool in multiple

B