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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROCRATION 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, New Mexico 87499	
Reason(s) for filing (Check proper box)	
New Well ☒	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead 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 Name, Pool Name, including Formation #84 Gobernador PC exp
Kind of Lease XXXX Federal XXXXX	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) Northwest Pipeline Corporation P.O. Box 90, Farmington, N.M. 87499
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent) Northwest Pipeline Corporation 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'v. ☐ Diff. Res'v. ☐
Date Spudded 8-28-82	Date Compl. Ready to Prod. 10-4-82
Elevations (DF, RKB, RT, GR, etc.) 6652' KB	Name of Producing Formation Pictured Cliffs
Performations 3484' - 3690' Total 12 holes	Top Oil/Gas Pay 3484' KB
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
13-1/2"	9-5/8"
8-3/4"	7"
6-1/4"	4-1/2"
	1-1/4"
DEPTH SET	
231' KB	
3920' KB	
3732' - 5982' KB	
3647' KB	
SACKS CEMENT	
208 cu.ft Cl B	
197 cu.ft & 118 cu.ft	
394 cu.ft	

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 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 10-28-82

Actual Prod. Test-MCF/D (AOF 2496 MCF/D) 184	Length of Test 3 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1166 psig	Casing Pressure (Shut-in) 1166 psig	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

10-6-82 DEC 1982
APPROVED Frank J. Davis

BY Frank J. Davis
SUPERVISOR DISTRICT # 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.

Form C-104 must be filed for each pool in multi-