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FILE
U.S. 210
LAND OFFICE
TRANSPORTER OIL
GAS
OPERATOR
PRODUCTION OFFICE

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

Form O-104
Supersedes O-104 and O-110
Effective 1-1-83

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 ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE
Lease Name San Juan 30-5 Unit Well No. 101 Pool Name, including Formation Basin Dakota Kind of Lease ~~XXXXXXX~~ Federal NM Lease No. 012332
Location
Unit Letter A : 820 Feet From The North Line and 1050 Feet From The East
Line of Section 35 Township 30N Range 5W N.M.P.M. Rio Arriba County

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)
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
NO

If this production is commingled with that from any other lease or pool, give commingling order number:
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 9-22-83 Date Compl. Ready to Prod. 10-9-83 Total Depth 8308' KB P.B.T.D. 8290'
Elevations (DF, RKB, RT, GR, etc.) 6944' KB 6932' GR Name of Producing Formation Dakota Top Oil/Gas Pay 8215' Tubing Depth 8156' KB
Perforations 8215'-8230' & 8253'-8260' Total of 24 holes Depth Casing Shoe 8308'
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
12-1/4" 9-5/8" 382' 327 cu.ft C1 B
8-3/4" 7" 4186' 252 & 89 cu.ft C1 B
6-1/4" 4-1/2" 8308' 543 & 118 cu.ft C1 B
2-3/8" 8156'

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 11-1-83
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
AOF 1494 MCFD - 220 MCF 3 hrs
Testing Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size
Back Pressure 2890 psig 2890 psig 2" X .750"

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 Brace (Signature)
Production Clerk (Title)
December 1, 1983 (Date)

OIL CONSERVATION COMMISSION
12-27-83
APPROVED
Original Signed by FRANK T. CHAVEZ
BY
TITLE SUPERVISOR DISTRICT # 3
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 O-104 must be filled out for each pool in multiple