

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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SEP 18 1984
OIL CON. DIV.
DIST. 3

Form C-104
Revised 10-01-78
Format 05-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
Northwest Pipeline Corporation

Address
P.O. Box 90, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> 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. 102	Pool Name, Including Formation Undesignated Gallup	Kind of Lease State, Federal, or Private	Lease No. NM-012332
Location				
Unit Letter <u>K</u> ; <u>1970'</u> Feet From The <u>South</u> Line and <u>2220'</u> Feet From The <u>West</u>				
Line of Section <u>34</u> Township <u>30N</u> Range <u>5 West</u> , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Northwest Pipeline Corporation	P.O. Box 90, Farmington, New Mexico 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:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Linda S. Marques B
(Signature)
Production and Drilling Clerk
(Title)
September 17, 1984
(Date)

OIL CONSERVATION DIVISION
JUL 22 1986

APPROVED _____, 19____
BY Original Signed by CHARLES GHOLSON
DEPUTY OIL & GAS INSPECTOR, 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 deep well, this form must be accompanied by a tabulation of the deviator tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.
Separate Forms C-104 must be filed for each pool in multicompleted wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Date Spudded		Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		Tubing Depth		Depth Casing Shoe	
Oil Well		7-8-84		8-15-84		8293'		8275'		6995'		8293'	
Gas Well	X												
New Well	X												
Workover													
Deepen													
Plug Back													
Same Res'v.													
Dill. Res'													

Elevations (D.F., RKB, RT, CR, etc.)		Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		Depth Casing Shoe	
6870' KB	6858' GR	Gallup		6876'		6995'		8293'	
12-1/4"	9-5/8"	7"		4150'		224 Cu.ft. CI B.			
8-3/4"				274 + 89 Cu.ft. CI B.		543 + 118 Cu.ft. CI B.			
6-1/4"									
4-1/2"									
2-3/8"									

V. TEST DATA AND REQUEST FOR ALLOWABLE

Oil Well (Test must be after recovery of total volume of flood 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	
Actual Prod. During Test		Oil - Bbls.		Water - Bbls.	
		Gas - MCF			

GAS WELL		Test Date 8-29-84		Actual Prod. Test - MCF/D		Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate	
Back Pressure		Tubing Pressure (Shut-In)		Casing Pressure (Shut-In)		2685		2685		2" x .750	
Test Method (Spec. back pr.)		3 Hour									

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P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
JUL 10 1986
OIL CON. DIV.
DIST. 3

I. Operator
Northwest Pipeline Corporation
Address
P.O. Box 90 - Farmington, New Mexico 87499
Reason(s) for filing (Check proper box)
☒ New Well
☐ Recompletion
☐ Change in Ownership
Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry 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. 102	Pool Name, including Formation Basin Dakota	Kind of Lease XXX , Federal XXX	Lease No. NM 012332
Location Unit Letter <u>K</u> ; <u>1970</u> Feet From The <u>South</u> Line and <u>2220</u> Feet From The <u>West</u> Line of Section <u>34</u> Township <u>T30N</u> Range <u>R5W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Northwest Pipeline Corporation	P.O. Box 90 - Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgs. Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Carrie Hammer
(Signature)
Recd. & Delg. Clerk
(Title)
7-9-86
(Date)

OIL CONSERVATION DIVISION

APPROVED III 22 1986
Original Signed by CHARLES GHOLSON
BY
TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #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 deviated 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 conditions.

Separate Forms C-104 must be filled for each pool in multiphase completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res.v.	Diff. Res.
			X						
Date Spudded 7-8-84	Date Compl. Ready to Prod. 8-15-84		Total Depth 8293'		P.B.T.D. 8275'				
Elevations (DF, RKB, RT, GR, etc.) 6870' KB	Name of Producing Formation Basin Dakota		Top Oil/Gas Pay 8193'		Tubing Depth 8145'				
Perforations 8193'-8243' (DK)					Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	9-5/8"		366'		244 cu.ft.				
8-3/4"	7"		4150'		363 cu.ft.				
6-1/4"	4-1/2"		8293'		661 cu.ft.				
	2-3/8"		8145'						

V. TEST DATA AND REQUEST FOR ALLOWABLE (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

Actual Prod. Test - MCF/D AOF=544 Q=544	Length of Test 3 hrs.	Bbls. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (plot, back pr.) Back Pressure	Tubing Pressure (Shot-in) 2063	Casing Pressure (Shot-in)	Choke Size 2" X .750"