

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

OIL CONSERVATION DIVISION

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

Form C-104
Revised 10-01-73
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Northwest Pipeline Corporation	
Address P.O. Box 90, Farmington, N.M. 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well	MAR 06 1984 OIL CON. DIV. DIST. 3
<input type="checkbox"/> Recompletion	
<input type="checkbox"/> Change in Ownership	
Change in Transporter of:	
<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

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. 89	Pool Name, including Formation Basin Dakota	Kind of Lease State Federal or State	Lease No. SF 078740
Location				
Unit Letter <u>H</u> : <u>1640</u> Feet From The <u>North</u> Line and <u>970</u> Feet From The <u>East</u>				
Line of Section <u>19</u> Township <u>30N</u> Range <u>5W</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, 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: _____

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.

Donna J. Bruce B
Donna J. Bruce (Signature)
Production Clerk
(Title)
2-28-84
(Date)

OIL CONSERVATION DIVISION
3-9-84
APPROVED MAR 09 1984
BY Original Signed by FRANK T. CHAVEZ
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 deepen well, this form must be accompanied by a tabulation of the deviate 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 multiple 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	X					
Date Spudded 1-9-84	Date Compl. Ready to Prod. 1-26-84		Total Depth 7929'			P.B.T.D. 7900'			
Elevations (DF, RKB, RT, CR, etc.) 6425' KB	Name of Producing Formation Dakota		Top Oil/Gas Pay 7785'			Tubing Depth 7801'			
Perforations 7785' - 7809' & 7829' - 7830'						Depth Casing Shoe 7929'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8"	372'	226 cu.ft C1 B
8-3/4"	7"	3632'	330 cu.ft C1 B
6-1/4"	4-1/2"	7929'	683 cu.ft C1 B
	2-3/8"	7801'	

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 Test Date 2-14-84

Actual Prod. Test - MCF/D Q = 3034 MCFD	Length of Test 3 hrs	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (prior, back pr.) Back Pressure	Tubing Pressure (Shut-in) 2637 psig	Casing Pressure (Shut-in) 2637 psig	Choke Size 2" X .750"

djb/