

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

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

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Northwest Pipeline Corporation		RECEIVED MAR 06 1984 OIL CONSERVATION DIVISION
Address P.O. Box 90, Farmington, N.M. 87499		
Reason(s) for filing (Check proper box)		
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Dry 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. 97	Pool Name, including Formation Basin Dakota	Kind of Lease <del>State</del> , Federal <del>XXXX</del>	Lease No. SF 078740
Location Unit Letter <u>H</u> : <u>1580</u> Feet From The <u>North</u> Line and <u>810</u> Feet From The <u>East</u> Line of Section <u>29</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.	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. Brace (Signature)  
Production Clerk  
(Title)  
2-29-84  
(Date)

cjb/

OIL CONSERVATION DIVISION  
MAR 16 1984  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Original Signed by FRANK T. CHAVEZ  
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 all wells on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of ownership, name or number, or transporter, or other such change of conditions.  
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 X	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Date Spudded 1-26-84	Date Compl. Ready to Prod. 2-7-84	Total Depth 8323'			P.B.T.D. 8300'				
Elevations (DF, RKB, RT, CR, etc.) 6868' KB	Name of Producing Formation Dakota	Top Oil/Gas Pay 8176'			Tubing Depth 8173'				
Perforations 8176'-8190' & 8211'-8214'						Depth Casing Shoe 8323'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	9-5/8"		385' KB		238 cu. ft C1 B				
8-3/4"	7"		4167' KB		330 cu. ft C1 B				
6-1/4"	4-1/2"		8323' KB		661 cu. ft C1 B				
	2-3/8"		8173' KB						

#### 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 2-27-84

Actual Prod. Test - MCF/D Q = 1225 MCFD	Length of Test 3 hrs	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 2645 psig	Casing Pressure (Shut-in) 2645 psig	Choke Size 2" X .750"

djb/