

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

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

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)
 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

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OIL CON. DIV.
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 30-5	Well No. 99	Pool Name, including Formation Basin Dakota	Kind of Lease State , Federal XXXX	Lease No. SF-078739
Location Unit Letter <u>A</u> ; <u>940</u> Feet From The <u>North</u> Line and <u>1080</u> Feet From The <u>East</u> Line of Section <u>33</u> Township <u>30N</u> Range <u>5W</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 checked="" 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 BM
Linda S. Marques (Signature)
Prod. & Drilling Clerk
(Title)
10-3-84
(Date)

OIL CONSERVATION DIVISION
10-19-84
APPROVED OCT 19 1984, 19
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 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 condition.
Separate Forms C-104 must be filed for each pool in multiphase 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 6-28-84	Date Compl. Ready to Prod. 8-22-84		Total Depth 8303'		P.B.T.D. 8290'				
Elevations (DF, RKB, RT, CR, etc.) 6858' KB	Name of Producing Formation Dakota		Top Oil/Gas Pay 8162'		Tubing Depth 8182'				
Perforations 8162-8221							Depth Casing Shoe 8303'		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT		
12-1/4"		9-5/8"			383' KB		238 Cu. ft. C1 B		
8-3/4"		7"			4115' KB		247 + 89 Cu.Ft. C1 B		
6-1/4"		4-1/2"			8303' KB		543 + 118 Cu. Ft. C1 B		
		2-3/8"			8182' 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 9-28-84

Actual Prod. Test-MCF/D Q = 665 MCFD	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (plug, back pr.) Back Pressure	Tubing Pressure (shut-in) 2622 psig	Casing Pressure (shut-in) 2665 psig	Choke Size 2" x .750"