Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of heavy blooks Energy, Minerals and Natural Resources Department Form C 104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

000 Rio Brazos Rd., Aztec, NM 87410	REQUE	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS									
Operator							Well A			<u>-</u>	
Northwest Pipeline C	orporation	on					30-	-039-24520	 		
uddress 3539 East 30th Stree	t - Farm	ingtor	n, N	M 87	401	(P)	-:-)				
Reason(s) for Filing (Check proper box)					∐ Oùh	es (Please explo	2UN)				
lew Well	Oil C	hange in T	i ranspoi Dry Gai								
Recompletion \Box	Oil Casinghead (_	Conden								
change in Operator	Casinghesis	Jas					······································				
d address of previous operator				· · · · · · · · · · · · · · · · · · ·							
I. DESCRIPTION OF WELL	AND LEAS	SE Vall No	Pool No	me Includ	ing Formation		Kind o	f Lease		ase No.	
case Name San Juan 30-5 Unit		Well No. Pool Name, including #202 Basin Fru				itland Coal XIV.F			SF 08	0066	
ocation		\ .			Moseth	. 108	25	F	ast		
Unit LetterG	_ :1815		Feet Fr	om The	North Lie	e and	Fe	et From The	-	Line	
Section 30 (Township 30N Range 5W						, ммрм , Rio Arriba				County	
II. DESIGNATION OF TRAI	NCPADTFD	OF OI	T. AN	D NATI	IRAL GAS						
II. DESIGNATION OF TRAI Name of Authorized Transporter of Oil	O	or Condens	ENIC		Address (Gi	ve address to w	hich approved	copy of this form	1 is to be se	nt)	
	<u> </u>			<u> </u>	44	addaas to	high games d	come of this form	is to be ea	ent)	
Name of Authorized Transporter of Casi Northwest Pipeline	n ghead Gas Corporati	ud Gas				Address (Give address to which approved a 3539 East 30th - Fa			NM		
If well produces oil or liquids,	Unit S	Sec.	Twp.	Rge	ls gas actual	ly connected?	When	7			
give location of tanks.		30 <u> </u>	30N	5W							
f this production is commingled with that V. COMPLETION DATA	t from any other	r lease or p	pool, gi	ve commin	Bring order um	noer:				•	
V. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back S	me Res'v	Diff Res'v	
Designate Type of Completion	n - (X)	İ	i_	Χ	i X	<u> </u>	1	<u> </u>			
Date Spudded	Date Compl.		Prod.		Total Depth			P.B.T.D. 3205	КВ		
11-18-89	_	1-13-90 Name of Producing Formation				3279 KB Top Oil/Gas Pay			15		
Elevations (DF, RKB, RT, GR, etc.) 6409' GR 6422' KB	Basin	Basin Fruitland Coal				3068'			Tubing Depth 3181		
Perforations								Depth Casing	Shoe		
3068-	3199		<u> </u>		- (37) (5)	THE BESS	<u> </u>	3020'			
		TUBING, CASING AND							CKS CEM	IENT	
HOLE SIZE	CAS	CASING & TUBING SIZE			233 '				260		
17-1/2"		13-3/8"			 	3029'			Ŏ		
12-1/4"		9-5/8" 5-1/2"			3203'				Not cemented		
6-1/4"		2-7/8"				3181'			Not comented		
V. TEST DATA AND REQU	EST FOR A	LLOW	ABLE	3							
OIL WELL (Test must be afte	r recovery of tol	al volume	of load	oil and mu	us be equal to	or exceed top a	llowable for th	is depth or be fo	r full 24 ho	urs.)	
Date First New Oil Run To Tank	Date of Ten				Producing	Method (Flow,	pump, gas lift,	etc.)			
Length of Test	Tubing Pres	iaire			Casing Pre	T n r	IWE	Soke Size			
					(D)	EUE	IAE	CA- MCF			
Actual Prod. During Test	Oil - Bbls.				Wate 1	ls.	1000				
C + C VITTL T						FEB 08	S ISSU	_ 1	 		
GAS WELL Actual Prod. Test - MCF/D	Length of	Test			Bbls. Cost	HEEC	N. DIV	Gravity of Co	ndensus	***	
TSTM					_	Casing Pressure (Site 18)					
Testing Method (pitot, back pr.)	Tubing Pre	Tubing Pressure (Shut-in)			Casing Pro	essure (Site 187)	•	Choke Size		;	
THE OPEN A MOD CENTRE			STA DETA		-1-/3/				 	 	
VI. OPERATOR CERTIF					-	OIL CO	NSER\	ATION [PIVISI	ON	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above							·	MAR 21			
is true and complete to the best of r					Da	ite Approv	/ed ≤	10 万代版	133U	···	
1/200- 1/-	100000	1						<u> </u>	1	,	
Carre Harmon							3.	<u>رر</u>	hans/		
Signature Carrie Harmon	Pro	d. Ass	sista	ant	:		SUPE	RVISOR D	STRIC	T #3	
Printed Name	30	7-5351	Title		Tit	le					
2-6-70) Date	32		lephone	No.	-	Č					
Date		16	-chicase	~.	11		·		<u> </u>		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.