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

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

WELL FILE

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

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

Santa Fe, New Mexico 87504-2088
REQUEST FOR ALLOWABLE AND AUTHORIZATION

l .	T	O TRA	NSPC	ORT OIL	AND NAT	URAL GA	\S			•	
TO TRANSPORT OIL AND NATURAL GAS								Well API No.			
Northwest Pipeline Corporation								30-039-24787			
Address .								TO BERNES			
3539 East 30th Street - Farmington, NM 87402								MECEIVEM			
Reason(s) for Filing (Check proper box)					Othe	r (Ple ase e xpla	in) Int			עו	
Naw Well 💹 .		Change in	-				п'n	FEBO4	1 1991		
treesin production of the contract of the cont											
Change in Operator Casinghead Gas Condensate OIL CON. DIV.										ļ <u>. </u>	
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL AND LEASE											
II. DESCRIPTION OF WELL A	Well No. Pool Name, Including				g Formation Kind of			(Lesse	Le	ase Na	
San Juan 30-5 Unit					ruitland Coal SXXXEX			Redictal de Fee			
Location	<u></u>		J			· · · · · · · · · · · · · · · · · · ·	 				
Unit Letter H	. 153	0	Fact Fr	om The	lorth Line	and 1	.034 Fee	t From The _	East	Line	
Unit Letter	i		. 1 00 110	O. 1110							
Section 8 Township 30N Range 5W NMPM, Rio Arriba County											
	•									•	
III. DESIGNATION OF TRANS	SPORTE			U NATUI	CAL GAS	. add /	hich appeared	conv of this f	nem is to he se	nt)	
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)											
Name of Authorized Transporter of Casinghead Clas or Dry Clas [X] Address (Give address to which approved copy of this form is to be sent)											
Name of Authorized Transporter of Casing	3539 E. 30th - Farmington, NM 87402										
Northwest Pipeline Co	Drpora (Is gas actually connected? When					
If well produces oil or liquids, give location of tanks.					is he seems to compensate the seems to the s						
If this production is commingled with that f	mm anv och	er lease or	pool of	ve comminal	ing order numi	ber:	!				
IV. COMPLETION DATA	ioni any out		poor, gr			-					
TY, COMPANION SILLY		Oil Wel		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	· (X)	1	•	X	X			i	į	j	
Date Spudded	Date Com	pl. Ready to	o Prod.		Total Depth	<u> </u>		P.B.T.D.			
8-21-90	1-11-91				3130' KB			3116' KB			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
6362'KB, 6348' GR	Basin Fruitland Coal				3038' KB			3103' KB			
Perforations									Depth Casing Shoe		
3038'-3110'								J			
	TUBING, CASING AND										
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT 120 SX			
12-1/4"	9-5/8"				271'			429 sx			
8-3/4"					3021'						
6-1/4"	4-1/2"				3117'			not cemented			
2-3/8" 3103' V. TEST DATA AND REQUEST FOR ALLOWABLE											
OIL WELL (Test must be after	IL FOR A	466011	ADLC adland	e Lait and mus	the equal to a	e arcaid ton al	llounble for the	is death or he	for full 24 has	urs.)	
Date First New Oil Run To Tank	Date of Te		1 0) 1004	OU UNG MAG			puπφ, gas lýl,		, ,		
Date this trea out you to tame			•								
Length of Test	Tubing Pr	Tubing Pressure			Casing Pressure			Choke Size			
		tuning t teamin									
Actual Prod. During Test	est Oil - Bbls.				Water - Bbia			Gu- MCF			
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
	Langua va rea										
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
Pitot	TSTM					TSTM					
<u> </u>	ATE O	E COM	TDI IA	NCE	-\	·					
VI. OPERATOR CERTIFICATE OF COMPLIANCE						OIL CONSERVATION DIVISION					
I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above											
is true and complete to the best of my knowledge and belief.					Dat	JAN 2 8 1991					
7. /						Date Approved					
lille Halmon						4	\rightarrow	رب			
Signature						By Outproved					
Carrie Harmon P&D Assistant Printed Name						Title SUPERVISOR DISTRICT # 3					
Printed Name Title 1-23-91 327-5351						9	<u>_</u>				
Dute		T	elephone	No.			• .			•	
					il						

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 1, 11, 111, 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.