

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-101 and C-110
Effective 1-1-65

Operator Northwest Pipeline Corporation	
Address 501 Airport Drive, Farmington, New Mexico 87401	
Reason(s) for Filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>

If change of ownership give name and address of previous owner El Paso Natural Gas Company, Box 990, Farmington, New Mexico 87401

1. DESCRIPTION OF WELL AND LEASE				
Lease Name San Juan 29-6 Unit	Well No. 7	Pool Name, Including Formation Blanco Mesa Verde	Kind of Lease State, (Federal or Fee) SF	Lease No. 080146
Location Unit Letter M ; 990 Feet From The South Line and 990 Feet From The West				
Line of Section 34 Township 29N Range 6W, NMPM, Rio Arriba County				

1. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Northwest Pipeline Corporation		Address (Give address to which approved copy of this form is to be sent) 501 Airport Drive, Farmington, New Mexico 87401		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company		Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, New Mexico 87401		
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 34	Twp. 29	Rge. 6
Is gas actually connected?		When		

If this production is commingled with that from any other lease or pool, give commingling order number:

2. COMPLETION DATA				
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover
Date Spudded	Date Compl. Ready to Prod.		Total Depth	
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Tubing Depth	
Perforations			Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET	

3. 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 Line, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/M-MCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

4. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION FEB 7 1974	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED _____, 19____	
ORIGINAL SIGNED BY R. L. MAHAFFEY		BY Original Signed by Emery C. Arnold	
(Signature)		TITLE SUPERVISOR DIST #5	
(Title)		This form is to be filed in compliance with RULE 1104.	
(Date)		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 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.	
		Form C-104 must be filed for each pool in multiple	