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NEW MEXICO OIL CONSCRVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

FILE	· ·	AND	Ellective 1-1-02					
U.S.G.5.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL G	45					
IRANSPORTER OIL								
GAS								
PRORATION OFFICE								
Operator Northwest Pinel	ine Corporation							
Address		07.101						
501 Airport Dri	ve, Farmington, New Mexico	0ther (Please explain)						
New Well	Change in Transporter of:							
Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Condens	KTT						
	El Paso Natural Gas Company	PO Roy 990 Farmingto	n. New Mexico 87401					
and address of previous owner_	"El Paso Natural Gas Company	y, 10 box 770, 145.111.g.						
. DESCRIPTION OF WELL AS	ND LEASE. Well No. Pool Name, Including For	mation Kind of Lease	Lease No.					
San Juan 29-6 Unit	49 Blanco Mes	State, Federal	or Fee SF 078960					
Location		and 1650 Feet From 1	rhe West					
Office Editor	LO90 Feet From The South Line							
Line of Section 35	Township . 29N Range	6W , NMFM, Rio Ar	110a comy					
I. DESIGNATION OF TRANSP	ORTER OF OIL AND NATURAL GAS	S Address (Give address to which appro	ved copy of this form is to be sent)					
Name of Authorized Transporter o	fon cr Condensate X	501 Airport Drive, Farmington, New Mexico 87401						
. Name of Authorized Transporter o	I Casinghead Gas [] of Dry Gas []	Address (Give address to which approved copy of this form is to be sent) 501 Airport Drive, Farmington, New Mexico 87401						
	line Corporation Unit Sec. Twp. Pge.	Is gas actually connected? When						
If well produces oil or liquids, give location of tanks.	N 35 29N 6W							
If this production is commingle V. COMPLETION DATA	d with that from any other lease or pool, a		Plug Back Same Hes'v. Diff. Res'v.					
Designate Type of Comp	lction - (X)	New Well Workover Deepen						
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
200 200 27 27	Name of Producing Formation	Top O!1/Ga* Pay	Tubing Depth					
Elevations (DF, RKB, RT, GR, e	ic., Nome of Freedom,		Depth Casing Shoe					
Perforations								
		DEPTH SET	SACKS CEMENT					
HOLE SIZE	CASING & TUBING SIZE							
		<u></u>						
V. TEST DATA AND REQUES	ST FOR ALLOWABLE (Test must be a able for this de	pth or be for full 24 hours?	l and must be equal to or exceed top allow-					
OIL WELL Date First New Oil Run To Tank		Producing Method (Florage 11) (0.5 lift, etc.)						
	Tubing Pressure	Casing Pressure	Chore Size					
Length of Test		Water-Bble. LON 27	Gas MCF					
Actual Prod. During Test	Oil-Bble.	Water-Bble. JAN 2 % I						
		DIST.						
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condenscie/MMCF	Gravity of Condensate					
	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size					
Testing Method (pitot, back pr.)	Tubing Pressure (State-Zar)	<u> </u>						
VI. CERTIFICATE OF COMP	LIANCE	11	ATION COMMISSION					
•	descriptions of the Oil Conservation	APPROVED	by A. R. Kendrick					
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. ORIGINAL SIGNAL SIGN		APPROVED 7 1974 BY Original Signed by A. R. Kendrick						
		TITLE PETROLEUM ENGINEER DIST. NO. 3						
		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation tosts 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. H. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. Separato Forms C-104 must be filed for each pool in multiply						
							completed wells.	