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## NEW MEXICO OIL CONSERVATION COMMISSION

Potm C+104

SANTA FE  FILE / U.S.G.S.  LAND OFFICE  TRANSPORTER OIL / GAS /		FOR ALLOWABLE AND NSPORT OIL AND NATURAL G	Supersider Old 1104 and 1110 Effective 1-4-65
OPERATOR PRORATION OFFICE Operator			
Northwest Pipelin	e Corporation		
	, Farmington, New Mexico	0 87401 Other (Please explain)	
New Well	Change in Transporter of: Oil Dry Gas		
Recompletion Change in Ownership X	Casinghead Gas Conden	<b>高</b> 1	
If change of ownership give name and address of previous owner	l Paso Natural Gas Compan	ny, PO Box 990, Farmingto	on, New Mexico 87401
Lease Name San Juan 29-6 Unit	LEASE   Well No.   Pool Name, Including Fo	sa Verde Kind of Least State, Fredera	1 - (1-0-0-77
Location Unit Letter M : 99	O Feel From The South Line	e and 990 Feet From	The West
	wnship 29N Range	6W , <sub>NMPM</sub> , Rio Ar	riba County
I. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S Address (Give address to which appro	ved copy of this form is to be sent)
Name of Authorized Transporter of Ci Northwest Pipelin Name of Authorized Transporter of Co Northwest Pipelin	e Corporation strighed Gas or Dry Gas 🛣	501 Airport Drive, Far	mington, New Mexico 87401
NOTHIWEST FIPETING If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgc. M 22 29N 6W	Is gas actually connected? Wh	
If this production is commingled w	ith that from any other lease or pool,	give commingling order number:	
V. COMPLETION DATA  Designate Type of Completi	On - (X)	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
			Depth Casing Shoe
Perforations		D GENEVINO DECODO	
HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a able for this de	epin or de la	and must be equal to or exceed top allow-
OIL WELL Date First New Oil Run To Tanks	Date of Test	Production one four purp sas	ift, etc.)
Length of Test	Tubing Pressure	Caring Preseure JAN 221974	Choke Size
Actual Prod. During Test	Oil-Bble.	OIL CON. COM.	Gas-MCF
		DIST. 3	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Coming Pressure (Shut-in)	Choke Size
VI. CERTIFICATE OF COMPLIA	NCE	OIL CONSERV	ATION COMMISSION
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 FEB 7 1974 , 19	
ORIGINAL SIGNED BY R. L. MAHAFFEY		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 tests taken on the well in accordance with RULE 111.	
(Title)		All sections of this form must be filled out completely for shows the on new and recompleted wells.	
(Date)		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 multiply completed wells.	