

Initial Deliverability
Test

NEW MEXICO OIL CONSERVATION COMMISSION
GAS WELL TEST DATA SHEET - - SAN JUAN BASIN

(TO BE USED FOR FRUITLAND, PICTURED CLIFFS, MESAVERDE, & ALL DAKOTA
EXCEPT BARKER DOME STORAGE AREA)

Pool BLANCO MESAVERDE Formation MESAVERDE County RIO ARriba
Purchasing Pipeline PACIFIC NORTHWEST PIPELINE CORPORATION Date Test Filed JANUARY 24, 1957
Operator Pacific Northwest Pipeline Lease San Juan Unit 29-5 Well No. 15-20
Unit B Sec. 20 Twp. 29 Rge. 5 Pay Zone: From 5418 To 5200
Casing: OD 5 1/2 WT. 14 & 17 Set At 5930 Tubing: OD 2 3/8 WT. 4.7 T. Perf. 5868
Produced Through: Casing Tubing 2 Gas Gravity: Measured Estimated .670
Date of Flow Test: From 11-19-56 To 11-27-56 * Date S.I.P. Measured 11-20-56
Meter Run Size Orifice Size Type Chart Type Taps

OBSERVED DATA

Flowing casing pressure (Dwt) psig + 12 = psia (a)
Flowing tubing pressure (Dwt) psig + 12 = psia (b)
Flowing meter pressure (Dwt) psig + 12 = psia (c)
Flowing meter pressure (meter reading when Dwt. measurement taken:
Normal chart reading psig + 12 = psia (d)
Square root chart reading () ² x spring constant = psia (d)
Meter error (c) - (d) or (d) - (c) ± = psi (e)
Friction loss, Flowing column to meter:
(b) - (c) Flow through tubing; (a) - (c) Flow through casing = psi (f)
Seven day average static meter pressure (from meter chart):
Normal chart average reading psig + 12 = psia (g)
Square root chart average reading () ² x sp. const. 580 = 592 psia (g)
Corrected seven day avge. meter press. (p_f) (g) + (e) = 592 psia (h)
P_t = (h) + (f) = 592 psia (i)
Wellhead casing shut-in pressure (Dwt) 1895 psig + 12 = 1907 psia (j)
Wellhead tubing shut-in pressure (Dwt) 1855 psig + 12 = 1867 psia (k)
P_c = (j) or (k) whichever well flowed through = 1867 psia (l)
Flowing Temp. (Meter Run) 68 °F + 460 = 528 °R (m)
P_d = 1/2 P_c = 1/2 (l) = 933.5 psia (n)

Q = 1168 X $\left(\frac{\text{FLOW RATE CALCULATION}}{\sqrt{(c)}} = \frac{\text{ }}{\sqrt{(d)}} = \text{ }} \right) = \text{ }$ MCF/day
(integrated)

D = Q 1168 $\left[\frac{P_c^2 - P_d^2}{P_c^2 - P_w^2} \right]^n \frac{(1.1245)^{.75}}{1.0519} = \text{ }$ MCF/day
 $\left[\frac{P_c^2 - P_d^2}{P_c^2 - P_w^2} \right] = \frac{1867^2 - 933.5^2}{1867^2 - 616^2} = \frac{853333}{75809}$

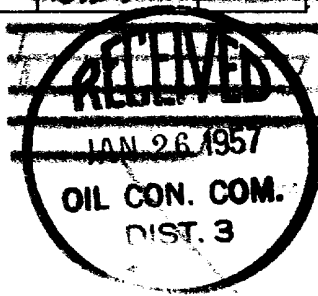
SUMMARY
P_c = 1867 psia
Q = 1168 Mcf/day
P_w = 616 psia
P_d = 933.5 psia
D = 1275 Mcf/day
Company Pacific Northwest Pipeline Corporation
By Donald G. Adams
Title Well Test Engineer
Witnessed by
Company

* This is date of completion test.
* Meter error correction factor

REMARKS OR FRICTION CALCULATIONS

GL	(1-e ^{-S})	(F _c Q) ²	(F _c Q) ² (1-e ^{-S}) R ²	P _t ² (Column i)	P _t ² + R ²	P _w
<u>3014</u>	<u>.942</u>	<u>180,604</u>	<u>29,186</u>	<u>350,464</u>	<u>379650</u>	<u>616</u>

3-J.M.O.C.C. - Adams
8-Phillips Petroleum - Wayne Smith
1-L.G. Tudy
1-File



NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Form C-110
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator Pacific Northwest Pipeline Corp.
405 1/2 West Broadway
Farmington, New Mexico Lease San Juan 29-5

Well No. 15-20 Unit Letter B S 20 T 29 R 5 Pool Blanco Mesa Verde

County Rio Arriba Kind of Lease (State, Fed. or Patented) _____

If well produces oil or condensate, give location of tanks: Unit B S 20 T 29 R 5

Authorized Transporter of Oil or Condensate El Paso Natural Gas Products Company

Address Box 997, Farmington, New Mexico
(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas Pacific Northwest Pipeline Corp.
405 1/2 West Broadway

Address Farmington, New Mexico
(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

Reasons for Filing: (Please check proper box) New Well _____ ()

Change in Transporter of (Check One): Oil () Dry Gas () C'head () Condensate (x)

Change in Ownership _____ () Other _____ ()

Remarks: _____ (Give explanation below)

Hauled by: El Paso Natural Gas Company



The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 11 day of September 19 57

By Original signed by G. H. Peppin

Approved SEP 13 1957 19 57

Title District Production Engineer

OIL CONSERVATION COMMISSION

Company Pacific Northwest Pipeline Corp.
405 1/2 West Broadway

By Original Signed Emery C. Arnold

Address Farmington, New Mexico

Title Supervisor Dist. # 3

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Form C-110
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator El Paso Natural Gas Company Lease San Juan 29-5 Unit

Well No. 15-20 Unit Letter B S 20 T29N R 5W Pool Blanco Mesaverde

County Rio Arriba Kind of Lease (State, Fed. or Patented) Federal

If well produces oil or condensate, give location of tanks: Unit S T R

Authorized Transporter of Oil or Condensate El Paso Natural Gas Products Co.

Address _____
(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas El Paso Natural Gas Company

Address P. O. Box 997, Farmington, New Mexico Date Connected _____
(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

Reasons for Filing: (Please check proper box) New Well _____ ()

Change in Transporter of (Check One): Oil () Dry Gas () C'head () Condensate ()

Change in Ownership _____ () Other _____ ()
(Give explanation below)

Remarks:

The merger of Pacific Northwest Pipeline Corp. into El Paso Natural Gas Co. was effective January 1, 1960 and as a matter of record only, El Paso Natural Gas Co. is filing this C-110 showing the change of operator and also the change of transporter of gas.

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 5th day of February 19 60

By Original Signed C. D. COX

Approved MAR 29 1960 19 _____

Title Petroleum Engineer

OIL CONSERVATION COMMISSION

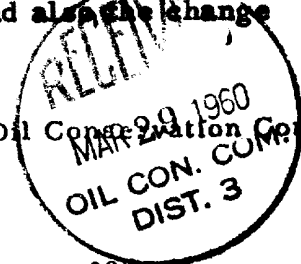
Company El Paso Natural Gas Co.

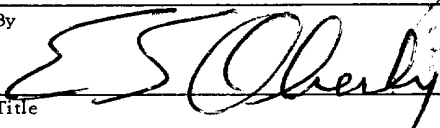
By Original Signed Emery C. Arnold

Address P. O. Box 997

Title Supervisor Dist. # 3

Farmington, New Mexico



<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">NUMBER OF COPIES RECEIVED</td></tr> <tr><td style="text-align: center;">DISTRIBUTION</td></tr> <tr><td>SANTA FE</td></tr> <tr><td>FILE</td></tr> <tr><td>U.S.G.S.</td></tr> <tr><td>LAND OFFICE</td></tr> <tr> <td>TRANSPORTER</td> <td>OIL GAS</td> <td>2</td> </tr> <tr><td>PRODUCTION OFFICE</td></tr> <tr><td>OPERATOR</td></tr> </table>	NUMBER OF COPIES RECEIVED	DISTRIBUTION	SANTA FE	FILE	U.S.G.S.	LAND OFFICE	TRANSPORTER	OIL GAS	2	PRODUCTION OFFICE	OPERATOR	<p>NEW MEXICO OIL CONSERVATION COMMISSION</p> <p>SANTA FE, NEW MEXICO</p> <p>CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS</p>	<p>FORM C-110 (Rev. 7-60)</p>
NUMBER OF COPIES RECEIVED													
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FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE													
Company or Operator El Paso Natural Gas Company		Lease San Juan 29-5 Unit											
Unit Letter B	Section 20	Well No. 15-20											
Township 29-N	Range 5-W	County Rio Arriba											
Pool Blanco Mesa Verde		Kind of Lease (State, Fed, Fee) Federal											
If well produces oil or condensate give location of tanks	Unit Letter Same	Section Township Range											
Authorized transporter of oil <input type="checkbox"/> or condensate <input checked="" type="checkbox"/>		Address (give address to which approved copy of this form is to be sent)											
El Paso Natural Gas Company		Box 990, Farmington, New Mexico											
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>													
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input checked="" type="checkbox"/>		Address (give address to which approved copy of this form is to be sent)											
El Paso Natural Gas Company		Box 990, Farmington, New Mexico											
If gas is not being sold, give reasons and also explain its present disposition:													
REASON(S) FOR FILING (please check proper box)													
<div style="display: flex; justify-content: space-between;"> <div> New Well <input type="checkbox"/> Change in Transporter (check one) Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casing head gas . <input type="checkbox"/> Condensate . . <input checked="" type="checkbox"/> </div> <div> Change in Ownership <input type="checkbox"/> Other (explain below) </div> </div>													
Remarks													
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.													
Executed this the <u>1st</u> day of <u>January</u> , 19 <u>63</u> .													
OIL CONSERVATION COMMISSION		By											
Approved by													
Original Signed Emery C. Arnold		Title Petroleum Engineer											
Title Supervisor Dist. # 3		Company El Paso Natural Gas Company											
Date APR 24 1963		Address Box 990, Farmington, New Mexico											

CURRENT RECORDS:

CHANGE TO:

Blanco Mesaverde Pool Continued

San Juan 28-4 #8-36	N-36-28-4	San Juan 28-4 Unit #8
San Juan 28-4 Unit #9-32	N-32-28-4	San Juan 28-4 Unit #9
San Juan 28-4 Unit #11-31	G-31-28-4	San Juan 28-4 Unit #11
San Juan 28-4 Unit #12-33	K-33-28-4	San Juan 28-4 Unit #12
San Juan 28-4 Unit #13-20	N-20-28-4	San Juan 28-4 Unit #13
San Juan 28-4 Unit #14-29	H-29-28-4	San Juan 28-4 Unit #14
San Juan 28-4 Unit #15-29	M-29-28-4	San Juan 28-4 Unit #15
San Juan 28-4 Unit #16-30	H-30-28-4	San Juan 28-4 Unit #16
San Juan 28-4 Unit #17-20	A-20-28-4	San Juan 28-4 Unit #17
San Juan 28-4 Unit #18-31	M-31-28-4	San Juan 28-4 Unit #18
San Juan 28-4 Unit #20-30	M-30-28-4	San Juan 28-4 Unit #20
San Juan 28-4 #21-7	N-7-28-4	San Juan 28-4 Unit #21
San Juan 28-4 Unit #26-18	L-18-28-4	San Juan 28-4 Unit #26
San Juan 28-4 #28	H-19-28-4	San Juan 28-4 Unit #28
San Juan 28-5 #4	G-19-28-5	San Juan 28-5 Unit #4
San Juan 28-5 #21	L-35-28-5	San Juan 28-5 Unit #21
San Juan 28-5 Unit #47-36	B-36-28-5	San Juan 28-5 Unit #47
San Juan 28-6 Unit #1-17	G-17-28-6	San Juan 28-6 Unit #1
San Juan 28-6 #14	K-17-28-6	San Juan 28-6 Unit #14
San Juan 28-6 Unit #93-36	M-36-28-6	San Juan 28-6 Unit #93
San Juan 29-4 #1-30	K-30-29-4	San Juan 29-4 Unit #1
San Juan 29-4 Unit #7-8	D-8-29-4	San Juan 29-4 Unit #7
San Juan 29-4 Unit #12-18	B-18-29-4	San Juan 29-4 Unit #12
San Juan 29-4 #14-31	A-31-29-4	San Juan 29-4 Unit #14
San Juan 29-4 Unit #18-33	H-33-29-4	San Juan 29-4 Unit #18
San Juan 29-5 Unit #1-17	M-17-29-5	San Juan 29-5 Unit #1
San Juan 29-5 Unit #4-6	L-6-29-5	San Juan 29-5 Unit #4
San Juan 29-5 Unit #5-33X	A-33-29-5	San Juan 29-5 Unit #5-X
San Juan 29-5 Unit #6-27	K-27-29-5	San Juan 29-5 Unit #6
San Juan 29-5 Unit #7-7	A-7-29-5	San Juan 29-5 Unit #7
San Juan 29-5 Unit #8-35	K-35-29-5	San Juan 29-5 Unit #8
San Juan 29-5 Unit #9-26	L-26-29-5	San Juan 29-5 Unit #9
San Juan 29-5 Unit #10-16	L-16-29-5	San Juan 29-5 Unit #10
San Juan 29-5 Unit #11-19	K-19-29-5	San Juan 29-5 Unit #11
San Juan 29-5 Unit #12-30	M-30-29-5	San Juan 29-5 Unit #12
San Juan 29-5 Unit #13-30	H-30-29-5	San Juan 29-5 Unit #13
San Juan 29-5 Unit #14-27	G-27-29-5	San Juan 29-5 Unit #14
San Juan 29-5 Unit #15-20	B-20-29-5	San Juan 29-5 Unit #15
San Juan 29-5 #16-21	M-21-29-5	San Juan 29-5 Unit #16
San Juan 29-5 Unit #18-5	K-5-29-5	San Juan 29-5 Unit #18
San Juan 29-5 Unit #19-6	B-6-29-5	San Juan 29-5 Unit #19
San Juan 29-5 Unit #20-7	M-7-29-5	San Juan 29-5 Unit #20
San Juan 29-5 Unit #22-8	L-8-29-5	San Juan 29-5 Unit #22
San Juan 29-5 Unit #24-17	B-17-29-5	San Juan 29-5 Unit #24
San Juan 29-5 Unit #25-18	G-18-29-5	San Juan 29-5 Unit #25
San Juan 29-5 Unit #26-18	K-18-29-5	San Juan 29-5 Unit #26
San Juan 29-5 Unit #27-19	B-19-29-5	San Juan 29-5 Unit #27
San Juan 29-5 Unit #28-20	M-20-29-5	San Juan 29-5 Unit #28
San Juan 29-5 Unit #30-28	L-28-29-5	San Juan 29-5 Unit #30
San Juan 29-5 Unit #31-29	H-29-29-5	San Juan 29-5 Unit #31
San Juan 29-5 Unit #34-34	G-34-29-5	San Juan 29-5 Unit #34
San Juan 29-5 Unit #35-34	L-34-29-5	San Juan 29-5 Unit #35
San Juan 29-5 Unit #36-33	L-33-29-5	San Juan 29-5 Unit #36
San Juan 29-5 Unit #37-31	L-31-29-5	San Juan 29-5 Unit #37
San Juan 29-5 Unit #38-32	M-32-29-5	San Juan 29-5 Unit #38
San Juan 29-5 Unit #39-23	M-23-29-5	San Juan 29-5 Unit #39
San Juan 29-5 Unit #40-28	G-28-29-5	San Juan 29-5 Unit #40
San Juan 29-5 Unit #41-31	A-31-29-5	San Juan 29-5 Unit #41
San Juan 29-5 #42	H-32-29-5	San Juan 29-5 Unit #42
San Juan 29-5 Unit #43-22	M-22-29-5	San Juan 29-5 Unit #43
San Juan 29-5 Unit #45-22	A-22-29-5	San Juan 29-5 Unit #45
San Juan 29-5 Unit #46-21	B-21-29-5	San Juan 29-5 Unit #46
San Juan 29-5 Unit #47-4	L-4-29-5	San Juan 29-5 Unit #47

cc: El Paso Natural Gas Co. (3)
 Southern Union Gas Co.
 Southern Union Gathering Co.
 Oil Conservation Commission, Santa Fe
 U.S. Geological Survey

APPROVED E.S. Oberly
 El Paso Natural Gas Co.
 Effective 11-1-65

NO. OF COPIES RECEIVED		3
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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

Form C-104
Supersedes Old C-104 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 checked="" 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, PO Box 990, Farmington, New Mexico 87401

I. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 29-5 Unit	Well No. 15	Pool Name, Including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee	Lease No. ST 078331
Location Unit Letter <u>B</u> ; <u>1090</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line of Section <u>20</u> Township <u>29N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</u> County				

I. 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"/> Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) 501 Airport Drive, Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 20
	Twp. 29N	Rge. 5W
	Is gas actually connected? When	

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	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			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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 (pilot, back pr., 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/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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.

(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 7 1974, 19
BY Original Signed by Emery C. Arnold
TITLE SUPERVISOR DIST. #3

This form is to be filed in compliance with RULE 1104.
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.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

SF 078281

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

San Juan 29-5

8. FARM OR LEASE NAME

9. WELL NO.

15

10. FIELD AND POOL, OR WILDCAT

Blanco Mesa Verde

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 20-29-5

12. COUNTY OR PARISH 13. STATE

Rio Arriba New Mexico

1.

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

El Paso Natural Gas Company

3. ADDRESS OF OPERATOR

Box 990, Farmington, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

SW of Section 20, T-29-N, R-5-W.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6613 GL

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Setting a Packer

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

This well had a Baker EGJ packer set at 5252 feet with 639 feet of tail pipe. The purpose for setting the packer was to protect the formation which was exposed below the bottom of the intermediate casing and above the top of the cement and to isolate the leak in the production casing. The packer was set on July 30, 1968.

On August 8, 1968, a packer fluid was pumped down the production and intermediate casings. The packer fluid contained a corrosion inhibitor and biocide.



RECEIVED

AUG 9 1968

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

18. I hereby certify that the foregoing is true and correct.

SIGNED

TITLE Production EngineerDATE August 9, 1968

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF 078781

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME San Juan 29-5 Unit	
2. NAME OF OPERATOR Northwest Pipeline Corporation		8. FARM OR LEASE NAME San Juan 29-5 Unit	
3. ADDRESS OF OPERATOR P.O. Box 90 Farmington, New Mexico 87401		9. WELL NO. 15	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1090' FNL 1650' FEL		10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 20 T29N R5W NMPM	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6613 GL		12. COUNTY OR PARISH Rio Arriba	
		13. STATE N.M.	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/> Dike Construction	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Constructed 25' x 33' x 2' dike around condensate tank.

See attached drawing.



SEP 8 1976

18. I hereby certify that the foregoing is true and correct

SIGNED R.E. Fielder TITLE Sr. Production Engineer DATE 8-23-76
R.E. Fielder js
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

SK

*See Instructions on Reverse Side

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

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

I. Operator
Northwest Pipeline Corporation
Address
P.O. Box 90, Farmington, New Mexico 87499
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☒

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 29-5 Unit	Well No. 15	Well Name, including Formation Blanco Mesa Verde	Kind of Lease XXX Federal XXXX	Lease No. SF 078381
Location Unit Letter B 1090 Feet From The North Line and 1650 Feet From The East Line of Section 20 Township 29N Range 5W				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Petro Source Inc.	Address (Give address to which approved copy of this form is to be sent) 1979 So 700 West, Salt Lake City, Utah 84104
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 90, Farmington, New Mexico 87499
If well produces oil or liquids, give location of tanks. Unit B Sec. 20 Twp. 29N Rge. 5W	Is this actually connected? When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Comp. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RAB, AT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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, pump, 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/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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.

Donna J. Brace
Donna J. Brace (Signature)
Production Clerk
(Title)
December 9, 1982
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 11 1982, 19
BY Charles J. [Signature]
TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3

This form is to be filed in compliance with RULE 1104.

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 multiply

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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Northwest Pipeline Corporation

Address
P.O. Box 90, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input checked="" type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 29-5 Unit	Well No. 15	Pool Name, Including Formation Blanco Mesa Verde	Kind of Lease State, Federal, or XXXX	Lease No. SF 078381
Location Unit Letter <u>B</u> : <u>1090</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line of Section <u>20</u> Township <u>29N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
UPG, Inc.	P.O. Box 66, Liberal, Kansas 67901
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Northwest Pipeline Corporation	P.O. Box 90, Farmington, New Mexico 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>B</u> Sec. <u>20</u> Twp. <u>29N</u> Rge. <u>5W</u>	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Linda S. Marques
Linda S. Marques (Signature)
Production and Drilling Clerk
(Title)

January 7, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviatoric 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.

Separate Forms C-104 must be filed for each pool in multiple completed wells.

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ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83

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JAN 20 1986

OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
Northwest Pipeline Corporation

Address
P.O. Box 90 - Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate	

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 29-5 Unit	Well No. 15	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease XXXX Federal XXXX	Lease No. SF 078381
Location				
Unit Letter <u>B</u> : <u>1090</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u>				
Line of Section <u>20</u> Township <u>29N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Mancos Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 1320 - Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 90 - Farmington, New Mexico 87499
If well produces oil or liquids, give location of tanks.	Unit : <u>B</u> , Sec. : <u>20</u> , Twp. : <u>29N</u> , Rge. : <u>5W</u>
Is gas actually connected? <u>When</u>	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Carrie Harmon B
Carrie Harmon (Signature)
Production & Drilling Clerk
(Title)
January 7, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 20 1986
BY Frank J. [Signature]
TITLE SUPERVISOR DISTRICT #3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate 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.

Separate Forms C-104 must be filed for each pool in multiphase completed wells.

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Northwest Pipeline Corporation	
Address P.O. Box 90 - Farmington, New Mexico 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Condensate

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 29-5 Unit	Well No. 15	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State Federal XXX	Lease No. SF 078381
Location Unit Letter <u>B</u> ; <u>1090</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line of Section <u>20</u> Township <u>29N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Four-Four Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 821 - Farmington, NM 87499				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 90 - Farmington, NM 87499				
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 20	Twp. 29N	Rge. 5W	Is gas actually connected? When

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Carrie Harmon
Production & Drilling Clerk

May 27, 1986

(Title)

(Date)

OIL CONSERVATION DIVISION

JUN 10 1986

APPROVED

BY

TITLE

SUPERVISOR DISTRICT # ?

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen 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 all wells 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.

Separate Forms C-104 must be filed for each pool in multiple completed wells.

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ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83

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MAY 25 1988
OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Northwest Pipeline Corporation

Address
3539 East 30th - Farmington, NM 87401

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input checked="" type="checkbox"/> Dry Gas	
	<input checked="" type="checkbox"/> Condensate	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 29-5 Unit	Well No. 15	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State Federal or XXX	Lease No. SF 078381
Location Unit Letter <u>B</u> ; <u>1090</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u>				
Line of Section <u>20</u> Township <u>29N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Gary Energy Corporation	P.O. Box 159 - Bloomfield, NM 87413
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Northwest Pipeline Corporation	3539 East 30th - Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>B</u> Sec. <u>20</u> Twp. <u>29N</u> Rge. <u>5W</u>	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Carrie Harmon
(Signature)
Production & Drilling Clerk
(Title)
May 23, 1988
(Date)

OIL CONSERVATION DIVISION 1988
MAY 25 1988

APPROVED _____
BY James J. Smith
TITLE SUPERVISION DISTRICT #3

This form is to be filed in compliance with RULE 1104.
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.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator PHILLIPS PETROLEUM COMPANY		Well APN No.
Address 300 W ARRINGTON, SUITE 200, FARMINGTON, NM 87401		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>		
If change of operator give name and address of previous operator Northwest Pipeline Corp., 3535 E. 30th, Farmington, NM 87401		

II. DESCRIPTION OF WELL AND LEASE

Lease Name SAN JUAN 29-5	UNIT 15	Well No. 15	Pool Name, including Formation BLANCO MESAVERDE	Kind of Lease State, Federal or BLM	Lease No.
Location Ush Letter B : 1090 Feet From The North Line and 1650 Feet From The East Line Section 20 Township 29N Range 5W, NMPM, Rio Arriba County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Gary Energy	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Bloomfield, NM 87413					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 58900, SLC, Utah 84158-0900					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Top.	Rge.	Is gas actually connected?	When? Attn: Claire Potter

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	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			
Performances					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Test	Tubing Pressure	Casing Pressure	Oil - Bbls.
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature L. E. Robinson
L. E. Robinson Sr. Dirg. & Prod. Engr.
Printed Name APR 01 1991 (505) 599-3412 Title
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 01 1991

By [Signature]
Title SUPERVISOR DISTRICT #3

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.

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator PHILLIPS PETROLEUM COMPANY		Well API No. 3003907595
Address 5525 HWY 64 NBU 3004, FARMINGTON, NEW MEXICO 87401		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> 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 Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 29-5 Unit	Well No. 15	Pool Name, including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>B</u> : <u>1090</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line Section <u>20</u> Township <u>29N</u> Range <u>5W</u> , <u>NMPM</u> , <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Meridian Oil Transporters, Inc.	Address (Give address to which approved copy of this form is to be sent) 3535 E. 30th. St., Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Williams Field Services Company <u>NYC</u>	Address (Give address to which approved copy of this form is to be sent) PO Box 58900, Salt Lake City, UT 84158-0900
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When?

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	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, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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JUN 4 1991

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

L. E. Robinson
Signature
L. E. Robinson Sr. Drlg. & Prod. Engr.
Printed Name
5-30-91 Title
Date (505) 599-3412 Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 4 1991

By [Signature]
Title SUPERVISOR DISTRICT #3

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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT -" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Phillips Petroleum Company

3. Address and Telephone No.

5525 Highway 64, NBU 3004, Farmington, NM 87401 505-599-3454

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1090' FNL & 1650' FEL
B Section 20, T29N, R5W

5. Lease Designation and Serial No.

SF-078281

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

San Juan 29-5 Unit

8. Well Name and No.

SJ 29-5 Unit #15

9. API Well No.

30-039-07595

10. Field and Pool, or exploratory Area

Blanco Mesaverde

11. County or Parish, State

Rio Arriba, NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Add Pay & Stimulate
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

NU BOP.
POOH w/production tubing.

Isolate existing Mesaverde perfs with retrievable bridge plug. Pressure test casing.

Perforate and stimulate the Lewis Shale (perfs to be determined after well logged). Retrieve RBP and run production tubing.

Flow test the Lewis Shale.

A workover pit may be required.

RECEIVED
APR 14 1997
OIL CON. DIV.
DIST. 3

14. I hereby certify that the foregoing is true and correct

Signed

Patsy Clugston

Title Regulatory Assistant

Date 3-31-97

(This space for Federal or State office use)

Approved by

As/ Duane W. Spencer

Title

Date APR 11 1997

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

* See Instruction on Reverse Side

NMOCD

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT - " for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Phillips Petroleum Company

3. Address and Telephone No.

5525 Highway 64, NBU 3004, Farmington, NM 87401

505-599-3454

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1090' FNL & 1650' FEL
B Section 20, T29N, R5W

FORM APPROVED

Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.

SF-078281

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

San Juan 29-5 Unit

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☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

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☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Interpretation of log
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

On June 24, 1997 per BLM request, Blue Jet ran an Audio Log to determine if the PC interval was producing on this well. The log was run from 4310' to 3450'. The well was producing prior to the test. Shut-in, and then immediately the logging equipment was run down the tubing and the well was logged.

The log would of showed gas entering or leaving the PC if it had been producing. There was no significant acoustical signal associated with the PC interval.

Blue Jet's and Phillips' conclusion is that the PC interval in this well is not producing.

RECEIVED
JUL - 7 1997

OIL CON. DIV.

DIST. 3

14. I hereby certify that the foregoing is true and correct

Signed C. M. Lanning

Title Sr. Reservoir & Prod. Engineer

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date JUL 03 1997

ACCEPTED FOR RECORD

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

* See Instruction on Reverse Side

NMOCD