## DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE FILL. AND u.s.g.s. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OF FICE Operator Northwest Pipeline Corporation Address 501 A rport Drive, Farmington, New Mexico 87401 Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: Dry Gas Recompletion Change in Ownership Casinahead Gas Condensate 87401 If change of ownership give name El Paso Natural Gas Company, Box 990, Farmington, New Mexico and address of previous owner II. DESCRIPTION OF WELL AND LEASE ell No. Pool Name, Including Formation Kind of Lease Lease No. 55 State, Federal or fee ) San Juan 29-6 Unit Blanco Mesa Verde Location 1650 Feet From The South Line and 1550 \_\_ Feet From The <u>West</u> 6W Rio Arriba 18 29N Range County Township . NMPM. II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Cil or Condensate 🎇 501 Airport Drive, Farmington, New Mexico 87401 Northwest Pipeline Corporation Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, New Mexico 87401 El Paso Natural Gas Company Sec. When Unit Twn. Pae. is gas actually connected? If well produces oil or liquids, 29 K 18 6 give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Same Resiv. Diff. Resiv Workover Plug Back Oil Well Gas Well New Well Deepen Designate Type of Completion - (X) Date Compl. Ready to Prod. P.B.T.D. Date Soudded Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation Top Oil/Gas Pay Tubing Depth Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE (Test must be after recovery of total volume partial and must be equal to or exceed top allowable for this depth or be for full 24 hours). V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pumy Date First New Cil Run To Tanks Date of Test 2 2 1974 Chok Size Casing Pressure Length of Test Tubing Pressure JAN Cil-Bble. Water - Bble. OIL CON. COM. Actual Prod. During Test DIST. GAS WELL Gravity of Condensate Length of Test Bbls. Condensate/MMCF Actual Prod. Test-MCF/D Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.)

OIL CONSERVATION COMMISSION I. CERTIFICATE OF COMPLIANCE FEB 7 1974 APPROVED\_ Original Signed 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.

Criginal signed by R L Manaffey

(Signature)

(Title)

(Date)

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

PETROLEUM ENGINEER DIST. NO. 3

If this is a request for allowable for a newly drilled or despened 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.

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