

3-20000 Artec
1-Bill Cutler
1-Fowler
1-Smith
1-File

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-122

Revised 12-1-55

MULTI-POINT BACK PRESSURE TEST FOR GAS WELLS

Pool Elance Formation Mesa Verde County Rio Arriba
Initial xx Annual _____ Special _____ Date of Test 5-28-58
Company PACIFIC NORTHWEST PIPELINE Lease San Juan 29-5 Well No. 25-18
Unit 0 Sec. 18 Twp. 25N Rge. 5W Purchaser not connected
Casing 5-1/2" Wt. _____ I.D. _____ Set at 5850' Perf. 5894' To 5798'
Tubing 1-1/4" Wt. _____ I.D. _____ Set at 5774' Perf. _____ To _____
Gas Pay: From _____ To _____ L _____ xG .650 -GL _____ Bar.Press. 12
Producing Thru: Casing _____ Tubing xx Type Well Single
Single-Bradenhead-G. G. or G.O. Dual
Date of Completion: _____ Packer _____ Reservoir Temp. _____

OBSERVED DATA

Tested Through (P11111) (Choke) (M1111) Type Taps _____

No.	Flow Data					Tubing Data		Casing Data		Duration of Flow Hr.
	(Prover) (Line) Size	(Choke) (Orifice) Size	Press. psig	Diff. h _w	Temp. °F.	Press. psig	Temp. °F.	Press. psig	Temp. °F.	
SI										
1.		<u>3/4"</u>	<u>136</u>		<u>55°</u>	<u>981</u> <u>136</u>	<u>55°</u>	<u>1058</u> <u>982</u>		<u>3</u>
2.										
3.										
4.										
5.										

FLOW CALCULATIONS

No.	Coefficient (24-Hour)	$\sqrt{h_w p_f}$	Pressure psia	Flow Temp. Factor F _t	Gravity Factor F _g	Compress. Factor F _{pv}	Rate of Flow Q-MCFPD @ 15.025 psia
1.	<u>12.3670</u>		<u>148</u>	<u>1.0048</u>	<u>.9680</u>	<u>1.013</u>	<u>1790</u>
2.							
3.							
4.							
5.							

PRESSURE CALCULATIONS

Gas Liquid Hydrocarbon Ratio _____ cf/bbl.
Gravity of Liquid Hydrocarbons _____ deg.
P_c _____ (1-e^{-s})
Specific Gravity Separator Gas _____
Specific Gravity Flowing Fluid _____
P_c 1680 P_c 1166.4

No.	P _w P _t (psia)	P _t ²	F _c Q	(F _c Q) ²	(F _c Q) ² (1-e ^{-s})	P _w ²	P _c ² -P _w ²	Cal. P _w	P _w P _c
1.						<u>872.4</u>	<u>294.0</u>		<u>3.92</u>
2.									
3.									
4.									
5.									

Absolute Potential: 5.034 MCFPD; n .75/ 2.8124

COMPANY PACIFIC NORTHWEST PIPELINE CORPORATION

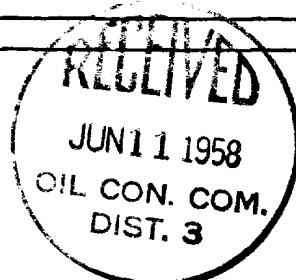
ADDRESS 418 1/2 West Broadway, Farmington, New Mexico

AGENT and TITLE G. A. Wagner - Well Test Engineer

WITNESSED _____

COMPANY _____

REMARKS _____



INSTRUCTIONS

This form is to be used for reporting multi-point back pressure tests on gas wells in the State, except those on which special orders are applicable. Three copies of this form and the back pressure curve shall be filed with the Commission at Box 871, Santa Fe.

The log log paper used for plotting the back pressure curve shall be of at least three inch cycles.

NOMENCLATURE

- Q = Actual rate of flow at end of flow period at W. H. working pressure (P_w).
MCF/da. @ 15.025 psia and 60° F.
- P_c = 72 hour wellhead shut-in casing (or tubing) pressure whichever is greater.
psia
- P_w = Static wellhead working pressure as determined at the end of flow period.
(Casing if flowing thru tubing, tubing if flowing thru casing.) psia
- P_t = Flowing wellhead pressure (tubing if flowing through tubing, casing if
flowing through casing.) psia
- P_f = Meter pressure, psia.
- h_w = Differential meter pressure, inches water.
- F_g = Gravity correction factor.
- F_t = Flowing temperature correction factor.
- F_{pv} = Supercompressability factor.
- n = Slope of back pressure curve.

Note: If P_w cannot be taken because of manner of completion or condition of well, then P_w must be calculated by adding the pressure drop due to friction within the flow string to P_t .

OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
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200 Astor
Bill Cutler
1-L. D. Galloway-2
1-Wayne Smith
2-File
Internal Deliverability
Test

Form C-122-A
Revised April 20, 1955

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 Formation Mesa Verde County Rio Arriba
Purchasing Pipeline PACIFIC NORTHWEST PIPELINE CORPORATION Date Test Filed 10-21-58
Operator PACIFIC NORTHWEST PIPELINE Lease San Juan 29-5 Well No. 25-18
Unit G Sec. 18 Twp. 23N Rge. 5W Pay Zone: From 5798' To 5894'
Casing: OD 3 1/2" WT. 15.54 Set At 5850' Tubing: OD 1 1/2" WT. 2.44 T. Perf. 5772'
Produced Through: Casing _____ Tubing XXX Gas Gravity: Measured .658 Estimated _____
Date of Flow Test: From 8-30-58 To 9-7-58 * Date S.I.P. Measured 5-28-58
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 477 psig + 12 = 489 psia (g)
Square root chart average reading (_____) ² x sp. const. _____ = _____ psia (g)
Corrected seven day avge. meter press. (p_f) (g) + (e) _____ = 489 psia (h)
P_t = (h) + (f) _____ = 489 psia (i)
Wellhead casing shut-in pressure (Dwt) 1068 psig + 12 = 1080 psia (j)
Wellhead tubing shut-in pressure (Dwt) 901 psig + 12 = 913 psia (k)
P_c = (j) or (k) whichever well flowed through _____ = 1080 psia (l)
Flowing Temp. (Meter Run) 70 °F + 460 _____ = 530 °Abs (m)
P_d = 1/2 P_c = 1/2 (l) _____ = 540 psia (n)

FLOW RATE CALCULATION

Q = 875 X $\left(\frac{\sqrt{(c)}}{\sqrt{(d)}} \right)^* =$ _____ MCF/da
(integrated)

DELIVERABILITY CALCULATION

D = Q 875 $\left[\frac{(P_c^2 - P_d^2)}{(P_c^2 - P_w^2)} \right]^n \frac{(1.073)^{.75}}{1.054} =$ 922 MCF/da.

SUMMARY

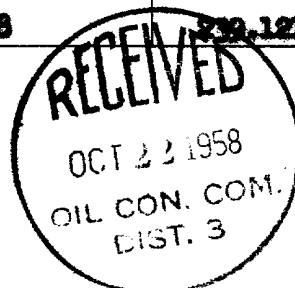
P_c = 1080 psia
Q = 875 Mcf/day
P_w = 922 psia
P_d = 540 psia
D = 922 Mcf/day

Company PACIFIC NORTHWEST PIPELINE
By Original signed by G. H. Peppin
Title District Production 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>3798</u>	<u>0.241</u>	<u>464.101</u>	<u>111.848</u>	<u>230.121</u>	<u>350.969</u>	<u>590</u>



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. 25-18 Unit Letter G S 18 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

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

Authorized Transporter of Gas El Paso Natural Gas Company

Address 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 _____ (x)

Remarks: _____ (Give explanation below)

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 _____

Approved MAR 29 1960 19 _____

Title Petroleum Engineer

OIL CONSERVATION COMMISSION

Original Signed By

By A. R. KENDRICK

Company El Paso Natural Gas Company

Address Box 997

Title PETROLEUM ENGINEER DIST. NO. 3

Farmington, New Mexico



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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

Operator
El Paso Natural Gas Company

Address
P. O. Box 990 Farmington, New Mexico

Reason(s) for filing (Check proper box)

Other (Please explain)

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	GAS	
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OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO
**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

FORM C-110
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator

El Paso Natural Gas Company

Lease

San Juan 29-5 Unit

Well No.

25-18

Unit Letter

G

Section

18

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 ☐ or condensate ☒

El Paso Natural Gas Company

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

Box 990, Farmington, New Mexico

Is Gas Actually Connected? Yes ☒ No ☐

Authorized transporter of casing head gas ☐ or dry gas ☒

El Paso Natural Gas Company

Date Con-
nected
8-18-58

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

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)

New Well ☐

Change in Ownership ☐

Change in Transporter (check one)

Other (explain below)

Oil ☐ Dry Gas ☐

Casing head gas ☐ Condensate ☒

Remarks

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

Executed this the 1st day of January, 19 63.

OIL CONSERVATION COMMISSION

Approved by

Original Signed Emery C. Arnold

Title

Supervisor Dist. # 3

Date

APR 24 1963

By

Title

Petroleum Engineer

Company

El Paso Natural Gas Company

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

U.S. GEOLOGICAL SURVEY	
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-104 and C-110
Effective 1-1-65

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

DESCRIPTION OF WELL AND LEASE				
Lease Name San Juan 29-5 Unit	Well No. 25	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee	Lease No. SF 07231
Location Unit Letter <u>G</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u>				
Line of Section <u>13</u> Township <u>29N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</u> County				

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) 501 Airport Drive, Farmington, New Mexico 87401					
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) 501 Airport Drive, Farmington, New Mexico 87401					
If well produces oil or liquids, give location of tanks.	Unit <u>G</u>	Sec. <u>13</u>	Twp. <u>29N</u>	Rge. <u>5W</u>	Is gas actually connected? <input type="checkbox"/>	When

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

COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Some Rest'n' <input type="checkbox"/> Diff. Rest'n' <input type="checkbox"/>		
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

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 (If pump, specify type, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Ggs - 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

I. 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, 12
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 logs taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowables 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 conditions.
Separate Form C-104 must be filed for each pool in multiply completed wells.

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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

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

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. 25	Loc. Name, including Formation Blanco Mesa Verde	Kind of Lease <input checked="" type="checkbox"/> State, Federal or F-X	Lease No. SF-078281
Location Unit Letter <u>G</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line of Section <u>18</u> Township <u>29N</u> Range <u>5W</u> , NEPA, 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"/>	Address (Give address to which approved copy of this form is to be sent)
Petro Source Inc.	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"/>	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.	Unit <u>G</u> Sec. <u>18</u> Twp. <u>29N</u> Rge. <u>5W</u> Is gas naturally connected? <input type="checkbox"/> 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 Resrv.	Diff. Resrv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, CR, 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 B
Donna J. Brace (Signature)
Production Clerk (Title)
December 9, 1982 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Charles E. Johnson
TITLE DEPUTY OIL & GAS ENGINEER

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"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input checked="" type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

Other (Please explain):

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

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DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 29-5 Unit	Well No. 25	Pool Name, Including Formation Blanco Mesa Verde	Kind of Lease XXX Federal or XXX	Lease No. SF-078281
Location Unit Letter <u>G</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line of Section <u>18</u> Township <u>29N</u> Range <u>5W</u> 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"/>	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>G</u> Sec. <u>18</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 9, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED Frank JAN 18 1985
BY Supervisor
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 deviated 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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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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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:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead 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. 25	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease X Oil, Federal X Oil	Lease No. SF 078281
Location Unit Letter <u>G</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u>				
Line of Section <u>18</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)
Mancos Corporation	P.O. Drawer 1320 - Farmington, NM 87499
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.	Unit : <u>G</u> Sec. : <u>18</u> Twp. : <u>29N</u> Rge. : <u>5W</u>
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 B
Carrie Harmon (Signature)
Production & Drilling Clerk
(Title)
January 7, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED Frank J. Carey 19
BY Frank J. Carey
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 deviated 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 06-01-83
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. 25	Pool Name, Including Formation Blanco Mesa Verde	Kind of Lease XXX, Federal XXX	Lease No. SF 078281
Location Unit Letter <u>G</u> ; <u>1650</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line of Section <u>18</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 : <u>G</u> Sec. : <u>18</u> Twp. : <u>29N</u> Rge. : <u>5W</u> Is gas actually connected? <input type="checkbox"/> 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
(Signature)
Production & Drilling Clerk
(Title)
May 28, 1986
(Date)

OIL CONSERVATION DIVISION

JUN 10 1986

APPROVED _____, 19____
BY *[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 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 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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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL

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OIL CON. DIV.
DIST. 3

Operator Northwest Pipeline Corporation
Address 3539 East 30th - Farmington, NM 87401
Reason(s) for filing (Check proper box)
☐ New Well
☐ Recompletion
☐ Change in Ownership
Change in Transporter of:
☐ Oil
☐ Gashead Gas
☐ Dry Gas
☒ Condensate
Other (Please explain)

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name <u>San Juan 29-5 Unit</u>	Well No. <u>25</u>	Pool Name, Including Formation <u>Blanco Mesa Verde</u>	Kind of Lease <u>State, Federal, or Foreign</u>	Lease No. <u>SF 078281</u>
Location Unit Letter <u>G</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line of Section <u>18</u> Township <u>29N</u> Range <u>5W</u> NMPM, <u>Rio Arriba</u> County				

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)
<u>Gary Energy Corporation</u>	<u>P.O. Box 159 - Bloomfield, NM 87413</u>
Name of Authorized Transporter of Gashead 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)
<u>Northwest Pipeline Corporation</u>	<u>3539 East 30th - Farmington, NM 87401</u>
Well produces oil or liquids, or location of tanks.	Is gas actually connected? When
Unit <u>G</u> Sec. <u>18</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.

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 27, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 01 1988
BY [Signature]
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 API 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: 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	Well No. 25	Pool Name, Including Formation BLANCO MESAVERDE	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>G</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line Section <u>18</u> Township <u>29N</u> Range <u>5W</u> <u>NMPM</u> 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		
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 flood oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Rm To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Test	Testing 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/MCF	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.

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

OIL CONSERVATION DIVISION

APR 01 1991

Date Approved

By

Birdy Shaw
SUPERVISOR DISTRICT #3

Title

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.

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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 APN No. 3003907625
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. 25	Pool Name, Including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>G</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line Section <u>18</u> Township <u>29N</u> Range <u>5W</u> , <u>NMPM</u> , 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"/> 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>NYUC</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? 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			
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 <u>D</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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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.

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

OIL CONSERVATION DIVISION

Date Approved JUN 04 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.