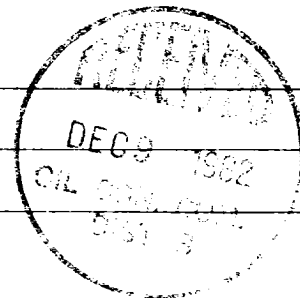


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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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



1. Operator
Northwest Pipeline Corporation
Address
P.O. Box 90, Farmington, New Mexico 87499
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Gasline Gas ☐ Condensate ☒
Change in Ownership ☐ 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 22 Blanco Mesa Verde Kind of Lease State, P.X-est or Fee Lease No. NM-03188
Location
Unit Letter L 1790 Feet From The South Line and 890 Feet From The West
Line of Section 8 Township 29N Range 5W T1790N Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒ Address of the address to which approval copy of this form is to be sent:
Petro Source Inc. 1799 So 700 West, Salt Lake City, Utah 84104
Name of Authorized Transporter of Gasline Gas ☐ or Dry Gas ☒ Address of the address to which approval 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 L Sec. 8 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:

IV. COMPLETION DATA
Designate Type of Completion - (X)
Date Spudded Date Compl. Ready to Prod. Total Depth P.R.T.D.
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top of 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-MMCF

GAS WELL

Actual Prod. Test-MMCF/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.

OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY _____
TITLE DEPUTY U.S. GEOLOGICAL SURVEY

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.

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