NO. OF COPIES ACCEIVED			
DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104
SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65
FILE		AND	0.45
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS
LAND OFFICE			
TRANSPORTER GAS /			
OPERATOR /	1		
PRORATION OFFICE			
Operator			
Northwest Pipeline Corpo	ration		
P.O. Box 90: Farmington	, New Mexico 87401		
Reuson(s) for filing (Check proper box		Other (Please explain)	
New We!1	Change in Transporter of: Oil Dry G		•
Recompletion X	Casinghead Gas Conde	一	
Change in Ownership	Cdsingheda Gds Conde	13416 []	
If change of ownership give name and address of previous owner			
. DESCRIPTION OF WELL AND	LEASE		
Lease Name	ase Name Well No. Pool Name, Including Formation Kind of Leas		_
San Juan 29-6 Unit	13 Blanco Mesa V	erde State, Feder	SF 080379
Location			
Unit Letter L : 1650			The West
Line of Section 6 To	wnship 29N Range	6W , NMPM, Rio A:	rriba County
Name of Authorized Transporter of Ci.	TER OF OIL AND NATURAL G	AS Address (Give address to which appr	oved copy of this form is to be sent)
l .		i de la companya de l	
Northwest Pipeline Corpo	ration or Dry Gas X	P.O. Box 90: Farmingtor	oved copy of this form is to be sent)
Name of Authorized Transporter 5: 63	EPn h	P.O. Box 90: Farmingtor	
Northwest Pipeline Corpe	that Sec. Twp. Pge.	Is gas actually connected?	hen
If well produces oil or liquids,	L 6 29N 6W		
give location of tanks.	<u></u>		
If this production is commingled wi	th that from any other lease or pool,	give comminging order number.	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.
Designate Type of Completi	on - (X)	X	! X
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
7-9-74	7-30-74	6070	6026
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top CS/Gas Pay	Tubing Depth
6787 Gr	Mesa Verde	5480	5939
Perforations			Depth Casing Shoe
5480-5908			
	TUBING, CASING, AL	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13-3/4	9-5/8	174	125
8-3/4	7	5352	300
6-1/8	4-1/2	6055	123
	2-3/8	5939	
. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be	after recovery of total volume of load o	il and must be equal to or exceed top allow
OIL WELL	able jos titla c	depth or be for full 24 hours) Producing Method (Flow, pump, gas	lift. etc.)
Date First New Oil Run To Tanks	Date of Test	producing wanted (1 tow) pampy goo	
	The same	Casing Fressure	Chor Sie
Length of Test	Tubing Pressure		
	Cil-Bbls.	Water-Bbls.	Gas-MOK 1
Actual Prod. During Test	0.1-22.21		The second second
			COM
CAC WELL			1 65 2 3
Actual Fred. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensor
CV-3503 CAOF-8586	3 hrs		J 4/2 O1/
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Chore size
1 point back pressure	839	843	.750
I. CERTIFICATE OF COMPLIANCE			DEC 4 1974
	No. of the first Commence of the control of the con	APPROVED	ULU 15
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		n Original Signed by	Emery C. Arnold
above is true and complete to the	ne best of my knowledge and belief	BY	SUPERVISOR DIST. #2
		TIT: 5	SUPERVISOR DIDI.

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

TITLE .

If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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. or many Cather weet he filed for each noof in multiply