	DISTICHUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  IRANSPORTER  GAS  OPERATOR  PRORATION OFFICE	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL				
I.	Operator Northwest Pipeline Corporation					
	Address					
	501 Airport Drive, F	armington, New Mexico 87401				
	Reason(s) for filing (Check proper box)					
Ì	New We!l	Change in Transporter of:  Ott Dry Gas X				
	Recompletion					
	Change in Ownershir X	Casinghieda Gao [				
		aso Natural Gas Company, PO Box 990, Farming				
íI.	DESCRIPTION OF WELL AND LEA	ASF.   Well No.   Pool Name, Including Formation   Kind of Le				
	Lease Name	59 Blanco Mesa Verde State, Fed				
	San Juan 29-6 Unit					
	Unit Letter H ; 1820	Feet From The North Line and 800 Feet Fro				
	1	6V NURY Rio				

Porm C-104

	DISTRIBUTION SANTA FE	REQUEST FO	NSCRVATION COMMISSION OR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Elfective 1-1-65		
	U.S.G.S.  LAND OFFICE	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL	GAS		
	TRANSPORTER GAS /					
ŧ.	PRORATION OF FICE					
	Northwest Pipeline Corporation					
	501 Airport Drive, Farmington, New Mexico 87401  [Uther (Please explain)]					
	Reason(s) for filing (Check proper box) New Well	Change in Transporter of:  Ott Dry Gas	M			
	Change in Ownership X	Casinghead Gas Condens	ate X			
	If change of ownership give name El and address of previous owner		y, PO Box 990, Farming	gton, New Mexico 87401		
ίΙ.	DESCRIPTION OF WELL AND L	Well No. 1 ser in the	rmation Kind of Le	eral of Fig.		
	San Juan 29-6 Unit		0.00	Foet		
	Unit Letter H; 182	O Feet From The North Line	, and the same of	Arriba County		
	Line of Section 5 Town	nship 29N Range	6W , NMPM, Rio	HILLOW		
II	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	S Address (Give address to which ap	proved copy of this form is to be sent)		
	Northwest Pipeline	Corporation	501 Airport Drive, Farmington, New Mexico 87401  Address (Give address to which approved copy of this form is to be sent)  501 Airport Drive, Farmington, New Mexico 87401			
	Northwest Pipeline	Corporation Unit Sec. Twp. Ege.	Is gas actually connected?	When		
	If well produces oil or liquids, give location of tanks.	H 5 29N 6W	in a seminating order number:			
:V	If this production is commingled wit. COMPLETION DATA	h that from any other lease or pool, i	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.		
	Designate Type of Completio	n - (X)	Total Depth	P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.	Top O!l/Gas Pay	Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top On/Gus Pu/	Depth Casing Shoo		
	Perforations					
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET	SACKS CEMENT		
	HULE SIZE					
,	TEST DATA AND REQUEST FOR ALLOWABLE (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)					
	OII, WEIL Date First New Oil Run To Tanks	Date of Test	Producing Method from pump, g			
	Length of Test	Tubing Pressure	Casing Pr Kau	Choke Size		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbl JAN 2 2 1974	Gas • MCF		
	OIL CON. COM.					
	GAS WELL Actual Frod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Ehut-in)	Cosing Pressure (Shut-in)	Choke Size		
	VI. CERTIFICAȚE OF COMPLIAN	NCE		RVATION COMMISSION		
			APPROVED	APPROVED FEB 7 19/4 19 Tondalab		
	Commission have been complied above is true and complete to the	with end that the information given ne best of my knowledge and belief.	BY Original Signed by A. R. Wandwick TITLE PETROLEUM ENGINEER DIST. NO. 3			
	ORIGINAL SIGNED B	Y R. L. MAHAFF <b>EY</b>	This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or despendent well, this form must be accompanied by a tabulation of the deviation will be accordance with RULE 111.			
	(Si <sub>l</sub>	inature)	well, this form must no ac-	well, this form must be accompanied with MULE 111.  tests taken on the well in accordance with MULE 111.  All actions of this form must be filled out completely for allow		
		Title)	shie on new and recompleted water			
		Date)	Separate Forms C-10	Fift out only Sections I. II. III, and VI for Change of conditions well name or number, or transporter, or other such change of conditions well name to number, or transporter, or other such change of conditions well name to complete wells.		
			completed wells.			