

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NATIONAL FOREST
FEDERAL OIL AND GAS
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
REGISTRATION 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

Operator
Northwest Pipeline Corporation
Address
501 Airport Drive, Farmington, New Mexico 87401
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☒
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☒
Other (Please explain)

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.
17
Pool Name, including Formation
Blanco Mesa Verde
Kind of Lease
State, Federal or Fee
Lease No.
SF 073343
Location
Unit Letter
KA
Feet From The
1040
1030
North
Line and
1130
Feet From The
East
Line of Section
5
Township
29N
Range
5W
Rio Arriba
County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒
Northwest Pipeline Corporation
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 ☐ or Dry Gas ☒
Northwest Pipeline Corporation
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
A
Sec.
5
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:

COMPLETION DATA
Designate Type of Completion - (X)
Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'n. ☐ Drill, Res'n. ☐
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 lead 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/MCF
Gravity of Condensate
Testing Method (piston, back pr.)
Tubing Pressure (Shut-in)
Casing Pressure (Shut-in)
Choke Size

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
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 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 casing, well name or number, or transporter or other such change of conditions.
Separate Forms C-104 must be filed for each pool in multi-completed wells.