	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL /	-104 -des Old C-104 and C-11(
1.	OPERATOR PRORATION OFFICE Operator El Paso Natural Gas C Address Box 990, Farmington, Reason(s) for filing (Check proper box, New We'll Recompletion Change in Ownership	New Mexico	FF 1	e explain)	ON CON COM. DIST. 3		
	If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND Lease Name San Juan 29-6 Unit Location Unit Letter M; 99	Well No. Pool Name, Including F 79 Basin Dakot	ta	Kind of Lease State, Federal or Feet From The	32 10 1020 1		
111.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil El Paso Natural Gas C	He of Section 24 Township 29-N Range 6-W , NMPM, Rio Arriba SIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS The of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved Casinghead Gas or Dry Gas Address (Give address to which approved Casinghead Gas or Dry Gas Address (Give address to which approved Casinghead Gas or					
	El Paso Natural Gas C If well produces oil or liquids, give location of tanks. If this production is commingled wit COMPLETION DATA Designate Type of Completion	th that from any other lease or pool, Oil Well Gas Well X	New Well Workover	er number:	Plug Back Same Restv. Diff. Restv.		
	Date Spudded 6-24-69 Elevations (DF, RKB, RT, GR, etc.) 6766 GL Perforations 8042-58,8110-18,8130-	Date Compl. Ready to Prod. 7-31-69 Name of Producing Formation Dakota	Total Depth 8171 TopXDU/Gas Pay 8042	7	P.B.T.D. 8157 Fubing Depth 8106 Depth Casing Shoe		
	HOLE SIZE 13 3/4" 8 3/4" 6 1/4"	TUBING, CASING, AND CASING & TUBING SIZE 9 5/8" 7" 4 1/2" 1 1/4"	215' 215' 3880' 8171 8106	SET	SACKS CEMENT 165 180 360 tubing		
V .	TEST DATA AND REQUEST FOOLL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	OR ALLOWABLE (Test must be a able for this did be for this did be able f	pth or be for full 24 hours) Producing Method (Flow, pump, gas lift Casing Pressure Water-Bbls.		i must be equal to or exceed top allowetc.) Choke Size Gas-MCF		
	GAS WELL Actual Prod. Test-MCF/D 4066 MCF/D Testing Method (pitot, back pr.)	Length of Test 3 hrs Tubing Pressure (Shut-in)	Bbis. Condensate/MMC	t-in)	Gravity of Condensate Choke Size		
VI.	Calculated A.O.F. 2668 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 BY Original Signed by Emery C. Arnold				
		Signed F. M. WOOD	TITLE SUPERVISOR DIST #5 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.

(Date)

Petroleum Engineer

August 27, 1969

NO. OF COPIES HECE	15						
DISTRIBUTIO							
SANTA FE	7						
FILE	1						
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LAND OFFICE							
[RANSPORTER	OIL	1					
THANS! ON ICK	GAS	1					
OPERATOR	7						
PRORATION OFF			_				
Operator							
Northwest Pipeline Corpo							
Address							
	501 Airport Drive,						
New Well		002)	Chan				
Recompletion				Oil			
Change in Ownership	Casin						
If change of owners	hip giv	e nan	ne El	Pago N			

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(Date)

DISTRIBUTION /		1		Form C+104 Supersedes Old C+104 and C+110			
FILE	1		KE WOEST 1	AND	Effective 1-1-65		
U.S.G.S.			AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	GAS		
LAND OFFICE							
FRANSPORTER GAS	/						
OPERATOR	1						
PRORATION OFFICE							
Operator Northwest I	Pine	lin	e Corporation	•			
Address	тре	1111	e Corporation				
	. 15	•	Familiatas New Maylos	. 97401			
Reason(s) for filing (Check p			, Farmington, New Mexico	Other (Please explain)			
New Well		004	Change in Transporter of:				
Recompletion			Oil Dry Gas				
Change in Ownership			Casinghead Gas Conden	sale 🔯			
If change of ownership given and address of previous ownership.	e nan	ne E	l Paso Natural Gas Compan	y, PO Box 990, Farmingt	on, New Mexico 87401		
DESCRIPTION OF WEL	L A	ND '	LEASE				
Lease Name			Well No. Pool Name, Including Fo		art 0000001		
San Juan 29-6 Un	iit		79 KXXXX Bas	in Dakota State, Feder	al or Fee SF 078284		
Location					West		
Unit Letter M	, 9	190	Feet From The South Line	and 1150 Feet From	The		
	-				41.0		
Line of Section 24		Toy	wnship 29N Range	6W , NMPM, Rio Al	Crioa County		
DESIGNATION OF TRA	NSP	OR'	TER OF OIL AND NATURAL GA	S Address (Give address to which appr	aved carry of this form is to be sent)		
Name of Authorized Transpo				1	i i		
Northwest I	?ipe	line	e Corporation	Address (Give address to which appr	rmington, New Mexico 87401		
			singhead Gas 〇 or Dry Gas 🔀 e Corporation	501 Airport Drive, Fa	rmington, New Mexico 87401		
Northwest	Tpe	1111	Unit Sec. Twp. P.ge.	i	hen		
If well produces oil or liquid	s,		M 24 29N 6W		•		
give location of tanks.			<u> </u>				
	ngled	d wi	th that from any other lease or pool,	give commingling order number:			
COMPLETION DATA			Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
Designate Type of C	omp!	letic	on - (X)				
Date Spudded			Date Compl. Ready to Prod.	Total Depth	P.E.T.D.		
Elevations (DF, RKB, RT, G	R, et	c. j	Nume 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		
	<u></u>			L			
TEST DATA AND REQ	UES'	TF	OR ALLOWABLE (Test must be a)	fter recovery of total volume of load of pth or be for full 24 hours	l and must be equal to or exceed top allow-		
OIL WELL			Date of Test	Producing Mine Film pure cas	lift, etc.)		
Date First New Cil Run To	1 0052	•	Butte of Tost	OTITIVEN			
			Tubing Pressure	Casing ressure	Choke Size		
Length of Test			1 about 1 about 1	5024			
Actual Prod. During Test			Oil-Bbis.	Water - Dble.	Gas-MCF		
Actual Plod. During 1001				OIL CON, COM.	/		
GAS WELL				DIST. 3			
Actual Prod. Test-MCF/D			Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
Testing Method (pitot, back	pr.)		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
				<u> </u>			
CERTIFICATE OF CO!	MPL	IAN	CE	OIL CONSERV	ATION GOMMISSION		
					, 19		
I hereby certify that the re	ules	and	regulations of the Oil Conservation	VL (() A F)			
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				By Original Signed by A. R. Kendrick			
above is true and comple	TO IC		a court or my microscope and control	11	NTERES DISTRIBUTE NO 3		
				TITLE PETROLEUM ENGI			
ye to work			ing the state of	This form is to be filed in	compliance with RULE 1104.		
of operation			gr X L. fartifith	If this is a request for all	owable for a newly drilled or despended panied by a tabulation of the deviation		
	1	(Sign	iature)	Il toats taken on the wall in acc	OLORUCA MILLI MOCH IIII		
 ==				All mactions of this form t	auat be filled out completaly for allow-		
· ·		χT	i(le)	able on new and recompleted wells.			

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