

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF 078282

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1.

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

El Paso Natural Gas Company

3. ADDRESS OF OPERATOR

Box 990, Farmington, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1550' North, 1460' East

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6686' GL

7. UNIT AGREEMENT NAME

San Juan 29-5 Unit

8. FARM OR LEASE NAME

San Juan 29-5 Unit

9. WELL NO.

56

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

11. SEC., T., R., M., OR BLK. AND

SURVEY OR AREA
Sec. 19, T-29-N, R-5-W
N.M.P.M.

12. COUNTY OR PARISH 13. STATE

Rio Arriba New Mexico

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐
☐
☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☒

REPAIRING WELL

☐
☐
☐
☐
☐

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

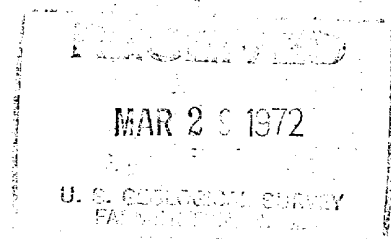
ABANDONMENT*

(Other)

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any
proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones perti-
nent to this work.)*

2-16-72: Spudded well, drilled surface hole and ran 6 joints 9 5/8", 32.3%, H-40
surface casing, 191' set at 205'. Cemented with 224 cu. ft. cement
circulated to surface. W. O. C. 12 hours, held 600#/30 minutes.



18. I hereby certify that the foregoing is true and correct

SIGNED

H. B. Wood

TITLE Petroleum Engineer

DATE March 28, 1972

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1474.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME San Juan 29-5 Unit	
2. NAME OF OPERATOR El Paso Natural Gas Company		8. FARM OR LEASE NAME San Juan 29-5 Unit	
3. ADDRESS OF OPERATOR Box 990, Farmington, New Mexico		9. WELL NO. 56	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1550' North, 1460' East		10. FIELD AND POOL, OR WILDCAT Basin Dakota	
14. PERMIT NO.		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 19, T-29-N, R-5-W N.M.P.M.	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6686' GL		12. COUNTY OR PARISH Rio Arriba	
		13. STATE New Mexico	

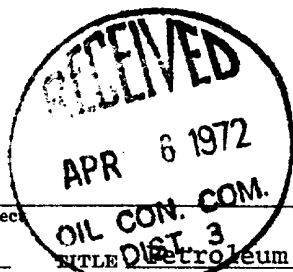
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

- 2-23-72: T. D. 3943'. Ran 122 joints 7", 20#, K-55 intermediate casing, 3931' set at 3943'. Cemented with 271 cu. ft. cement. W. O. C. 12 hours, held 1200#/30 minutes. Top of cement at 2820'.
- 2-28-72 T. D. 8130'. Ran 253 joints 4 1/2", 11.6#, 10.5#, N-80 and J-55 production casing, 8118' set at 8130'. Float collar set at 8116'. Cemented with 653 cu. ft. cement. W. O. C. 18 hours. Top of cement @ 3500'.
- 3-30-71 P.B.T.D. 8116'. Perfed 7965-81, 8044-60, 7102-18' with 16 SPZ. Fraced with 48,000# 40/60 sand and 48,300 gallon treated water. Dropped 2 sets of 16 balls each. Flushed with 5610 gallons water.



RECEIVED

APR 5 1972

U. S. GEOLOGICAL SURVEY
DURANGO, COLO.

18. I hereby certify that the foregoing is true and correct

SIGNED

W. H. Wood

TITLE Petroleum Engineer

DATE April 3, 1972

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

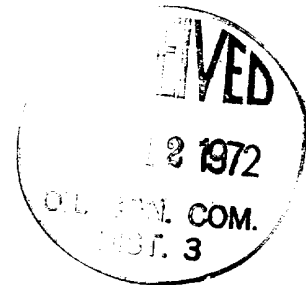
*See Instructions on Reverse Side

EL PASO NATURAL GAS COMPANY

DEVIATION REPORT

Name Of Company El Paso Natural Gas Company				Address PO Box 990, Farmington, NM 87401			
Lease San Juan 29-5 Unit		Well No. 56	Unit Letter G	Section 19	Township 29N	Range 5W	
Pool Basin Dakota					County Rio Arriba		

DEPTH	DEVIATION	DEPTH	DEVIATION
207'	1/4°	6018'	3/4°
759'	1/4°	6536'	3/4°
1363'	1/4°	6841'	3/4°
1865'	1/2°	7326'	3/4°
2485'	1 1/4°	7816'	3/4°
3019'	1 1/4°		
3494'	1°		
3936'	3/4°		
4551'	1/2°		
5014'	1/2°		
5528'	3/4°		



I, the undersigned, certify that I, acting in my capacity as Petroleum Engineer of El Paso Natural Gas Company, am authorized by said Company to make this report; and that this report was prepared by me or under my supervision and directions and that the facts stated therein are true to the best of my knowledge and belief.

[Signature]

Subscribed and sworn to before me this 11th day of April, 1972.

Mara E. Drisco

Notary Public in and for San Juan County, New Mexico

My commission expires October 5, 1972.

EL PASO NATURAL GAS COMPANY
OPEN FLOW TEST DATA

DATE April 7, 1972

Operator El Paso Natural Gas Company		Lease San Juan 29-5 Unit No. 56	
Location 1550' N - 1460'E, Sec. 19, T29N, R5W		County Rio Arriba	State New Mexico
Formation Dakota		Pool Basin	
Casing: Diameter 4.500	Set At: Feet 8130	Tubing: Diameter 1.500	Set At: Feet 8100
Pay Zone: From 7965	To 8118	Total Depth: 8130	Shut In 3-31-72
Stimulation Method SWF		Flow Through Casing XX	Flow Through Tubing

Choke Size, Inches .750		Choke Constant: C 12.365			
Shut-In Pressure, Casing, PSIG 2794	+ 12 = PSIA 2806	Days Shut-In 7	Shut-In Pressure, Tubing PSIG 2616	+ 12 = PSIA 2628	
Flowing Pressure: P PSIG 228	+ 12 = PSIA 240		Working Pressure: P _w PSIG 434	+ 12 = PSIA 446	
Temperature: T = 77 °F	F _t = .9840	n = .75	F _p v (From Tables) 1.016	Gravity .590	F _g = 1.008

$$\text{CHOKE VOLUME} = Q = C \times P_t \times F_t \times F_g \times F_{pv}$$

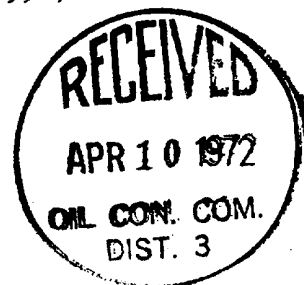
$$Q = (12.365)(240)(.9840)(1.008)(1.016) = 2991 \text{ MCF/D}$$

$$\text{OPEN FLOW} = Aof = Q \left(\frac{P_c^2}{P_c^2 - P_w^2} \right)^n$$

NOTE: Well produced a light spray of water and distillates throughout the test.

$$Aof = \left(\frac{7873636}{7674720} \right)^n = (1.0259)^{.75} (2991) = (1.0194)(2991) =$$

$$Aof = 3049 \text{ MCF/D}$$

TESTED BY D. R. Roberts

WITNESSED BY _____

H. E. McAnally
H. E. McAnally

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other In-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> DRY <input type="checkbox"/> Other _____		5. LEASE DESIGNATION AND SERIAL NO. SF 078282	
b. TYPE OF COMPLETION: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR El Paso Natural Gas Company		7. UNIT AGREEMENT NAME San Juan 29-5 Unit	
3. ADDRESS OF OPERATOR PO Box 990, Farmington, NM 87401		8. FARM OR LEASE NAME San Juan 29-5 Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1550'N, 1460'E At top prod. interval reported below At total depth		9. WELL NO. 56	
14. PERMIT NO.		DATE ISSUED	
10. FIELD AND POOL, OR WILDCAT Basin Dakota		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 19, T-29-N, R-5-W NMPM	
15. DATE SPUDDED 2-16-72		16. DATE T.D. REACHED 2-26-72	
17. DATE COMPL. (Ready to prod.) 4-7-72		18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 6686'GL	
19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD 8130'	
21. PLUG, BACK T.D., MD & TVD 8116'		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY →		ROTARY TOOLS 0-8130'	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 7965-8118'(Dakota)		25. WAS DIRECTIONAL SURVEY MADE no	
26. TYPE ELECTRIC AND OTHER LOGS RUN FDC-GR-I-GR-Temp. Survey		27. WAS WELL CORED no	
28. CASING RECORD (Report all strings set in well)			
CASINO SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
9 5/8"	32.3#	205'	13 3/4"
7"	20#	3943'	8 3/4"
4 1/2"	11.6&10.5#	8130'	6.1/4"
CEMENTING RECORD			
224 cu. ft.			
271 cu. ft.			
653 cu. ft.			
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
1 1/2"	8100'		
31. PERFORATION RECORD (Interval, size and number) 7965-81, 8044-60', 8102-18' with 16 spz.			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
7965-8118'		48,000# sand, 48,300 gal. water	
33.* PRODUCTION			
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) flowing	
WELL STATUS (Producing or shut-in) shut-in			
DATE OF TEST 4-7-72	HOURS TESTED 3 hrs.	CHOKE SIZE 3/4"	PROD'N. FOR TEST PERIOD →
FLOW, TUBING PRESS. SI 2628	CASING PRESSURE SI 2806	CALCULATED 24-HOUR RATE →	OIL—BBL. 3049 AOF
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)			
TEST WITNESSED BY D.R. Roberts			
35. LIST OF ATTACHMENTS			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			

U. S. GEOLOGICAL SURVEY

DURANGO, COLO.

SIGNED Original Signed F. H. WOOD

TITLE Petroleum Engineer

DATE April 11, 1972

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 19: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. **Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES:

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF: CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	GEOLOGIC MARKERS		
				NAME	MEAS. DEPTH	TRUE VERT. DEPTH
				Pictured Cliffs	no	
				Mesa Verde	5425'	
				Point Lookout	5809'	
				Gallup	6949'	
				Greenhorn	7771'	
				Graneros	7822'	
				Dakota	7960'	

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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

I.

Operator	El Paso Natural Gas Company		
Address	PO Box 990, Farmington, NM 87401		
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
San Juan 29-5 Unit	56	Basin Dakota	State, (Federal) or Fee SF	078282
Location				
Unit Letter	G	1550 Feet From The	North	Line and 1460 Feet From The East
Line of Section	19	Township	29N	Range 5W, NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company	PO Box 990, Farmington, NM 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company	PO Box 990, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	G	19
		29N
		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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
2-15-72	4-7-72		8130'		8116'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top XX/Gas Pay		Tubing Depth			
6686'GL	Dakota		7965'		8100'			
Perforations					Depth Casing Shoe			
7965-81', 8044-60', 8102-18'					8130'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"	9 5/8"		205'		224 cu. ft.			
8 3/4"	7"		3943'		271 cu. ft.			
6 1/4"	4 1/2"		8130'		653 cu. ft.			
	1 1/2"		8100'		tubing			

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 - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
3049	3 hours		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Calc. AOF	2628	2806	3/4"

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.

Original Signed F. H. WOOD

(Signature)

Petroleum Engineer

(Title)

April 11, 1972

(Date)

OIL CONSERVATION COMMISSION

APR 12 1972

APPROVED _____, 19____

BY _____

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 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.

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OPERATOR	1
PROBATION 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)	Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input checked="" type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input checked="" type="checkbox"/>	

If change of ownership give name and address of previous owner El Paso Natural Gas Company, PO Box 990, Farmington, New Mexico 87401

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
San Juan 29-5 Unit	56	Basin Dakota	State, Federal or Fee	SE 078 232
Location				
Unit Letter	G	1550 Feet From The North	Line and 1460	Feet From The East
Line of Section	19	Township 29N	Range 5W	NMPM, Rio Arriba County

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Northwest Pipeline Corporation	501 Airport Drive, Farmington, New Mexico 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Northwest Pipeline Corporation	501 Airport Drive, Farmington, New Mexico 87401					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	19	29N	5W		

If this production is commingled with that from any other lease or pool, give commingling order number: _____

II. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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		

III. 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, 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/MMSCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

IV. 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)

JAN 9 1974
(Date)

OIL CONSERVATION COMMISSION
FEB 1 1974

APPROVED _____, 19____
BY Original Signed by Emory 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 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.

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator PHILLIPS PETROLEUM COMPANY		Well APN No.
Address 300 W ARRINGTON, SUITE 200, FARMINGTON, NM 87401		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	
If change of operator give name and address of previous operator Northwest Pipeline Corp., 3535 E. 30th, Farmington, NM 87401		

II. DESCRIPTION OF WELL AND LEASE

Lease Name SAN JUAN 29-5 UNIT	Well No. 56	Pool Name, Including Formation BASIN DAKOTA	Kind of Lease State, Federal or Pool <input checked="" type="checkbox"/>	Lease No.
Location Unit Letter G : 1550 Feet From The North Line and 1460 Feet From The East Line Section 19 Township 29N Range 5W , NMPM , Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Gary Energy	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Bloomfield, NM 87413	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 58900, SLC, Utah 84158-0900	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Typ.	Rgn.
Is gas actually connected?		When? Attn: Claire Potter
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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
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			

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

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GAS WELL

Actual Prod. Test - MCF/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. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

L. E. Robinson
Signature
L. E. Robinson Sr. Drlg. & Prod. Engr.
Printed Name
Date **APR 01 1991** Telephone No. **(505) 599-3412**

OIL CONSERVATION DIVISION

Date Approved **APR 01 1991**

By *[Signature]*
Title **SUPERVISOR DISTRICT #3**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.