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TRANSPORTER	OIL / GAS /
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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 El Paso Natural Gas Company	
Address PO Box 990, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 29-5 Unit	Well No. 65	Pool Name, Including Formation Basin Dakota	Kind of Lease State (Federal) or Fee	Lease No. NM 03188
Location				
Unit Letter M	1100	Feet From The South	Line and 1180	Feet From The West
Line of Section 28	Township 29N	Range 5W	NMPM,	Rio Arriba

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 M	Sec. 28	Twp. 29N	Pge. 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 Restv.	Diff. Restv.
		X	X					
Date Spudded 8-30-73	Date Compl. Ready to Prod. 9-26-73	Total Depth 8131'	P.B.T.D. 8122'					
Elevations (DF, RKB, RT, GR, etc.) 6643'GL	Name of Producing Formation Dakota	Top Oil/Gas Pay 7922'	Tubing Depth 8102'					
Perforations 7922', 7948', 7950', 8020', 8042' and 8102'	Depth Casing Shoe 8131'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4"	9 5/8"	218'	225 cu. ft.
8 3/4"	7"	3941'	252 cu. ft.
6 1/4"	4 1/2"	8131'	624 cu. ft.
	1 1/2"	8102'	tubing

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)

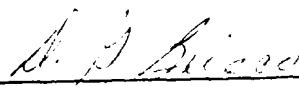
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D 3219	Length of Test 3 hours	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pitot, back pr.) Calc. AOF	Tubing Pressure (Shut-in) 2603	Casing Pressure (Shut-in) 2607	Choke Size 3/4"

CERTIFICATE OF COMPLIANCE

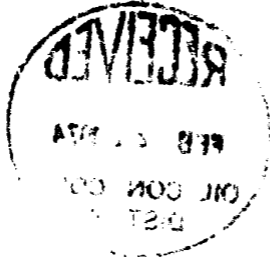
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

	(Signature)
Drilling Clerk	(Title)
October 16, 1973	(Date)

OIL CONSERVATION COMMISSION

APPROVED	OCT 24 1973	19
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 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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REQUEST FOR ALLOWABLE
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AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. 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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
San Juan 29-5 Unit	65	Basin Dakota	State, Federal or Fee	NM03188
Location				
Unit Letter	M	1100 Feet From The	South	Line and 1180 Feet From The
Line of Section		28	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)
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.
	M 28 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.
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 gas and must be held 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

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. 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.

OFFICE SUPERVISOR

FEB 19 1974

(Title)

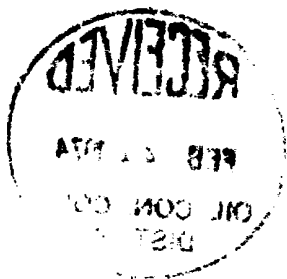
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 21 1974
Original Signed by Emery C. Arnold

BY
TITLE SUPERVISOR DIST. #3

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