NO. OF COPIES MEC	5				
DISTRIBUTIO					
SANTA FE	/				
FILE		1	-		
U.S.G.S.					
LAND OFFICE					
TRANSPORTER	OIL	1			
	GAS	1			
OPERATOR PROPATION OFFICE		1			
Operator Northwest Pipeline					
	_	_	_		

	DISTRIBUTION	NEW MEXICO OIL CO	ONSERVATION COMMISSION	Form C-104		
	SANTA FE /	REQUEST F	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Elloctive 1-1-65		
	FILE / L		AND			
	U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL O	GAS		
	LAND OFFICE					
	TRANSPORTER OIL / GAS /					
ŀ	OPERATOR /			·		
1.	PRORATION OFFICE					
1	Northwest Pineline	e Corporation				
Northwest Pipeline Corporation						
Į		, Farmington, New Mexico	87401			
	Reason(s) for filing (Check proper box)	Other (Please explain)			
ł	New Well	Change in Transporter of:	ומה			
	Recompletion	OII Dry Gas				
ì	Change in Ownership X	Casinghead Gas Condens	sale X			
	If change of ownership give name $\operatorname{ ext{E}}$ and address of previous owner $\operatorname{ ext{ ext{L}}}$	l Paso Natural Gas Compan	y, PO Box 990, Farmingto	on, New Mexico 87401		
H.	DESCRIPTION OF WELL AND	LEASE	rmation Kind of Leas	e Lease No.		
	Lease Name	Well No. Pool Name, including ro	State, Federa			
	San Juan 29-5 Unit	64 Basin Dakota	, and A	14103100		
	Location Unit Letter N : 11	80 Feet From The South Line	e and 1460 Feet From	The West		
1		waship 29N Range 5W	, NMPM, Rio A	rriba County		
	Line of Section 21 To	whiship 2016		•		
III.	DESIGNATION OF TRANSPORT	or Condensate X	S Address (Give address to which appro	oved copy of this form is to be sent)		
	Name of Authorized Transporter of Oil		501 Airport Drive, Far	mington, New Mexico 87401		
	Northwest Pipelin	singhead Gas or Dry Gas X	Address (Give address to which appro	oved copy of this form is to be sent)		
	Northwest Pipelin	e Corporation	1	mington, New Mexico 87401		
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? Wh	nen		
	give location of tanks.	N 21 29N 5W	l			
**/	If this production is commingled wi	th that from any other lease or pool,	give comminging order number.			
17.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.		
	Designate Type of Completi-	· · · · · · · · · · · · · · · · · · ·	Total Depth	P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.	16tur Deptin			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
				Depth Casing Shoe		
	Perforations					
		TUBING, CASING, AND	CEMENTING RECORD	CACVE CENENT		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
				(AFIL)		
		To as a company of the company of th	the recovery of total volume of load oi	l and must be tal o prestor op alica		
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be able for this depth or be for full 24 hours) OIL WELL					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etg.)		
				Choke Sign 2 1 1974		
	Length of Test	Tubing Pressure	Casing Pressue			
		Oil-Bhis.	Water - Bbls.	Gas MCF OIST. 3		
	Actual Pred. During Test	On-BB.		0/31. 3		
	GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D	Length of Test				
	Testing Method (pitot, back pr.)	Tubing Pressure (shnt-in)	Casing Pressure (Shut-in)	Choke Size		
			<u> </u>	THE SOLUTION OF THE STATE OF TH		
VI	CERTIFICATE OF COMPLIANCE		EFF	ATION COMMISSION 3 21 1974		
I hereby certify that the rules and regulations o		regulations of the Oil Conservation	Original Signed by Emery C. Arnold			
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BYOriginal Signed by			
			SUPERVISOR DIST. #3			
Kh Malresser		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despense.				
		nature)	well, this form must be accompatent taken on the well in acc			
	OFFICE SUPERVISOR	`	Att mections of this form t	mant pe tilled out combining to: arrow		
	FFD 4.0.4074	Title)	able on new and recompleted	wells.		

(Date)

FEB 1 9 1974

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.

Model to Address to possibly resolutions

the thirty of the second that the