NO. OF COPIES RECEIVED		13	
DISTRIBUTION			
SANTA FE		17	
FILE		17	
U.S.G.S.		i	
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS	1	
OPERATOR		1	
PRORATION OFFICE		['	

	DISTRIBUTION	NEW MEXICO OIL (CONSERVATION COMMISSION	5 5 1 1 1 1 1 1 1 1 1 1		
	SANTA FE		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11		
	FILE /	AND		Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TO				
	LAND OFFICE	- AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS		
		-				
	TRANSPORTER OIL	-				
	GAS /	_				
	OPERATOR /					
1.	PRORATION OFFICE	7				
	Operator					
	Northwest Pipeline Co	rporation				
	Address					
		noton V Vi	07/01			
	P. O. Box 90 Farmington, New Mexico 87401 Reason(s) for filing (Check proper box) Other (Please explain)					
	New Well	Change in Transporter of:	1			
	Recompletion	Oil Dry Go	os 🗍			
	Change in Ownership	Casinghead Gas Conder	nsate 🗍			
		,				
	If change of ownership give name		i.			
	and address of previous owner					
H.	II. DESCRIPTION OF WELL AND LEASE					
	Lease Name Well No. Pool Name, Including Formation Kind of Lease No.					
	San Juan 29-5 Unit 75 Basin Dakota Signe, Federal or Fee Fee					
	Location 'J Dasin Dakota'			100		
	Unit Letter;	955 Feet From The South Lin	ne and O/U Feet From	The West		
	Line of Section 22 To	wnship 29N Range	5W , NMPM, Rio A	Arriba County		
111	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	8			
	Name of Authorized Transporter of Oil	or Condensate X	Address (Give address to which appro	med conv of this form is to be cent!		
	1	ر المان		•		
	Northwest Pipeline			ngton, New Mexico 87401		
	Name of Authorized Transporter of Casinghead Gas or Dry		Address (Give address to which appro	ved copy of this form is to be sent)		
	El Paso Natural Gas		P. O. Box 990 Farmin	ngton, New Mexico 87401		
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? Wh			
	give location of tanks.		i	•		
1	L	-1	<u> </u>			
	•	th that from any other lease or pool,	give commingling order number:			
IV.	COMPLETION DATA					
	Designate Type of Completic	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.		
	Designate Type of Completion	$S_{ii} = \langle X \rangle$ \downarrow X	! X ! !	!!!!		
i	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	5-9-75	5-24-75	8070	9060		
	· · · · · · ·			8060		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top 母牙/Gas Pay	Tubing Depth		
	6687 GR	Dakota	7970	8027		
l	Perforations			Depth Casing Shoe		
	52 shots from 7970 to	8050		8070		
			CEMENTING RECORD	0070		
	UOL E 6175	- 		CACKE SELECT		
- 1	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	13 3/4	9 5/8"	336	280		
	8 3/4	7"	3965	165		
	4 1/2	11.6 & 10.5	8070	345		
	2 3/8	4.7#	8027			
ا 						
	TEST DATA AND REQUEST FO			and must be equal to or exceed top allow-		
	OIL WELL able for this depth or be for full 24 hours)					
Ì	Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)					
-		6-3-75	F1ow	FIL		
ſ	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
- 1						
ŀ	Actual Prod. During Test	Oil-Bble.	Water - Bbls.	Gas · MCF		
- 1	-	1	1	1 /		
Ļ			J	1 AHA - 1 19/5		
			•	11000		
_	GAS WELL			UIL CON COM		
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
1	CV 4191 AOF 4741	3 hre		Bigh 2		
ŀ	Testing Method (pitot, back pr.)	3 hrs. Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
ı		1	•			
L	One Point Back Pressur	<u>e 2711 psig</u>		.750 Variable		
VI.	CERTIFICATE OF COMPLIANC	CE I		TION COMMISSION		
		•		AUG 1, 1975		
,	hereby certify that the rules and r	egulations of the Oil Consequation	By Original Signed to A. S. Kendrick			
	i nereby certify that the rules and r Commission have been complied w					
	above is true and complete to the					
			TITLE PETROLEUM ENGINEER TIST. 30. 5			
	1 .					
	11/ 11001	101		compliance with RULE 1104.		
_	Office Supervisoro (Signature) Well, this form must be accompt tests taken on the well in accompt tests taken on the we		If this is a request for allow	llowable for a newly drilled or despend		
			nied by a tabulation of the deviation			
-			All sections of this form must be filled out completely for allowable on new and recompleted wells.			
	•	·-·				
_	July 31, 1975 (Date)		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			
				t be tiled for each pool in multiply		
		· •	completed wells.			