

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
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 Northwest Pipeline Corporation		
Address P. O. Box 90 Farmington, New Mexico 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 San Juan 29-5 Unit	Well No. 71	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee	State	Lease No. E-289-31
Location Unit Letter M ; 800 Feet From The South Line and 970 Feet From The West Line of Section 16 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	P. O. Box 90 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	P. O. Box 90 Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rge.
		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 5-25-75	Date Compl. Ready to Prod. 6-13-75	Total Depth 8061		P.B.T.D. 8053					
Elevations (DF, RKB, RT, GR, etc.) 6671 GR	Name of Producing Formation Dakota	Top Oil/Gas Pay 7974		Tubing Depth 8037					
Perforations 48 0.43" hole 7940 to 8040				Depth Casing Shoe 8061					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
13 3/4	9 5/8		299		280				
8 3/4	7		3939		165				
4 1/2	11.6 & 10.5		8061		345				
Tubing	4.7		8037						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of production 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 6-26-75	Producing Method (Flow, gas lift, etc.) Flow	
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 CV 1110 AOF 1129	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) One Point Back Pressure	Tubing Pressure (shut-in) 2533 psig	Casing Pressure (shut-in) 2581 psig	Choke Size .750 Variable

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  
July 31, 1975  
(Signature)  
(Title)  
(Date)

OIL CONSERVATION COMMISSION

APPROVED  
AUG 1 1975  
BY Original Signature  
TITLE PETROLEUM ENGINEER DIST. NO. 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.