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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

I. Operator  
Northwest Pipeline  
Address  
P. O. Box 90 Farmington, New Mexico 87401  
Reason(s) for filing (Check proper box) Other (Please explain)  
New Well ☒ Change In Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change In Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 29-6	Well No. 63A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter P ; 1030 Feet From The East Line and 1080 Feet From The South Line of Section 30 Township 29N Range 6W , 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"/> Northwest Pipeline	Address (Give address to which approved copy of this form is to be sent) 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"/> Northwest Pipeline	Address (Give address to which approved copy of this form is to be sent) 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 6-21-75	Date Compl. Ready to Prod. 7-4-75		Total Depth 5660'		P.B.T.D. 5613			
Elevations (DF, RKB, RT, GR, etc.) 6384 GR	Name of Producing Formation Mesa Verde		Top of Oil/Gas Pay 4994		Tubing Depth 5578			
Perforations					Depth Casing Shoe 5658			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4	9 5/8		209		180			
8 3/4	7		3575		150			
6 1/4	4 1/2 Liner		Top 3502-5658		215			

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 7-14-75	Producing Method (Flow, pump, 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 3394 AOF 7255	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) One Point Back Pressure	Tubing Pressure (Shut-in) 888 psig	Casing Pressure (Shut-in) 889 psig	Choke Size 3/4 Variable ck.

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.

R. L. McLaughlin  
(Signature)  
Office Supervisor  
JULY 31, 1975  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED AUG 19 1975  
BY Original Signature of R. L. McLaughlin  
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.