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SANTA FE	1					
FILE	FILE					
U.S.G.S.	U.S.G.S.					
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IRANSPORTER	OIL	1				
TRANSFORTER	GAS	1				
OPERATOR	1					
PRORATION OF	Ι.					
1101111111111	1	1				

	DISTRIBUTION SANTA FE		_/	-	N			NSERVATION COMMISSION OR ALLOWABLE				Form C-104 Supersedes Old C-104 and C-110		
ı	FILE		,		AND						Effe	ective 1-1-65		
	U.S.G.S.		7		AUTHORIZATION TO TRANSPORT OIL AND NATURAL G									
	LAND OFFICE													
	TRANSPORTER OI		_/											
	G/	AS	4											
	PRORATION OFFICE	\dashv	_											
1.	Operator Northwest Pipeline Corporation													
	Address P.O. Box 90)			Farmington	, New Mexi	.co	87401						
	Reason(s) for filing (Check proper box) New We!1 Change in Transporter of:													
	Recompletion Oil Dry Gas Condensate Casinghead Gas Condensate													
If change of ownership give name and address of previous owner														
**	DESCRIPTION OF W									_				
	Lease Name				Well No. Po	ool Name, Includi			ì	Kind of Lease			Lease No.	
	San Juan 29-6 Unit 34A Blanco Mesa V						sa V	Verde XXXXFederal XXX				SF 078278		
	Unit Letter I : 910 Feet From The East Line and 1840 Feet From The South													
	Line of Section 14	4		Tow	mship 29N	Range		6W	, NMPM,	Ric	o Arriba		County	
III.	DESIGNATION OF T	ra.	NSP	ORT	TER OF OIL A	ND NATURAL	GA!	Address (Give	e address to	which approx	ed copy of the	his form is to	be sent)	
	I						ļ	501 Air	ort Dr	ive Fari	mington.	New Me	xico 87401	
	Northwest F											ington, New Mexico 87401 d copy of this form is to be sent)		
	Northwest Pipeline Corporation							501 Airy				New Mex	ico 87401	
	If well produces oil or li	iquid:	s,		Unit Sec.	Twp. Rge	e.	No	ry connecte	!				
		mmi	n ole	d wit	h that from any	other lease or p	0001. 1	give commingling order number: NA				JA		
IV.	COMPLETION DATA					Well Gas We					Plug Back	Same Res	v. Diff. Res'v.	
	Designate Type of	of C	omp	letic	on = (X)	Well Gas We		X I	workover	l I	i i	I I		
	Date Spudded				Date Compl. Rea	,		Total Depth		<u>.i — . — . — . — . </u>	P.B.T.D.			
	9-28-75				10-14			1	160'		Tubing De	6113'		
	Elevations (DF, RKB, R 6714' GR	T, G	R, et	ic.j		ng Formation a Verde		Top Oil/Gas	434 '		Tubing De	6050 *		
	Perforations					L			Depth Casing Shoe					
	5434' to 6075' w/28 shots									6155'				
	TUBING, CASING, AN				G RECOR		SACKS CEMENT							
	13 3/4"	Z E				TUBING SIZE 9 5/8"	<u>-</u>		243		 	180		
	8 3/4"					7''			3966			160		
	6 1/4"					4 1/2" Line	er	Top 3	451 '- 61	55'		215		
					·	2 3/8"		<u> </u>	6050					
V.	TEST DATA AND R	REQ	UES	TF	OR ALLOWABI	LE (Test must able for t	t be aj his de	iter recovery o pth or be for fi	f total volu: ill 24 hours	ne of load oil)	and must be	equal to or e	xceed top allow-	
	OII. WELL Date First New Oil Run To Tanks Date of Test							Producing Me	thod (Flow	, pump, gas li	ft, etc.)			
			10-24-75			Flow			T Choka &iz	Choke Size				
	Length of Test	_ength of Test				Tubing Pressure			Casing Pressure			YLD \		
	Actual Prod. During Ter	s t			Oil-Bbis.			Water - Bbls.			Gas - MCF	7	1975	
	l							 			__\	GON.	COM.	
	GAS WELL Actual Prod. Test-MCF	F/D			Length of Test			Bbls. Conde	nsate/MMCI		Gravity of	Sondensale	3/	
	CV 1981 AOF 34				-				•					
	Testing Method (pitot,		pr.)		3 hrs	(Shut-in)		Casing Pres	sure (Shut-	-in)	Choke Siz			
	One Point Back	Pr	ess	sure	477_P	SIG		6	21 PSIC	<u> </u>	Or:	<u>ifice Me</u>	eter 48/64	
VI	VI. CERTIFICATE OF COMPLIANCE								ONSERVA NÚV	1 4 197	5			
	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.						ation	Original Signed by A. R. Kendrick						
							riven							
							TITLE_							
	1/2/							This	form is to	be filed in	compliance	with RUL	E 1104.	
	D.H. Maroncelli (Signature) Petroleum Engineer (Title)							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.						
	11-3-75	•							The section I II III and VI for changes of owner,					
	(Date)							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.						