

**REQUEST FOR ALLOWABLE
AND**

*Supersedes Old C-104 and C-110
Effective 1-1-65*

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

SANTA FE	/	
FILE	/	
U.S.G.S.	/	
LAND OFFICE	/	
TRANSPORTER	OIL /	
	GAS /	
OPERATOR	/	
PRORATION OFFICE	/	

I.

Operator
Northwest Pipeline Corporation

Address
P.O. Box 90, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change In Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas
Change In Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate

☒ Dry Gas

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 29-6 Unit	Well No. 55A	Pool Name, Including Formation Blanco Mesa Verde	Kind of Lease XXXXXXX Fee	Lease No.
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Location
Unit Letter **C** ; **900** Feet From The **North** Line and **1460** Feet From The **West**

Line of Section **18** 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"/>	Address (Give address to which approved copy of this form is to be sent)
Northwest Pipeline Corporation	3539 E. 30th, 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)
El Paso Natural Gas Company	P.O. Box 990, Farmington, New Mexico 87401

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					No	

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 8-8-76	Date Compl. Ready to Prod. 9-9-76	Total Depth 5676'	P.B.T.D. 5642'
Elevations (DF, RKB, RT, GR, etc.) 6370' GR	Name of Producing Formation Mesa Verde	Top Oil/Gas Pay 5003'	Tubing Depth 5542'
Perforations 5003' - 5562' w/21 shots		Depth Casing Shoe 5671'	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4"	9 5/8"	207'	180
8 3/4"	7"	3587'	150
6 1/8"	4 1/2" Liner	2502'-5671'	265
	2 3/8" Tubing	5542'	

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	Producing Method (Flow, pump, gas lift, etc.)	
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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

D.H. Maroncelli
D.H. Maroncelli (Signature)
Production Engineer (Title)
October 13, 1976 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY Original signed by A. R. Kendrick

TITLE _____

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.