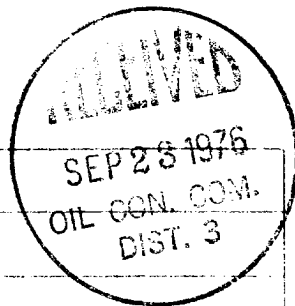


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DISTRIBUTION		
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LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		2
PRODUCTION OFFICE		

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
Operator Northwest Pipeline Corporation
Address P.O. Box 90, Farmington, New Mexico 87401
Reason(s) for Filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Custodian 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 Unit Well No. 60A Pool Name, Including Location Blanco Mesa Verde Kind of Lease XXXXXXXXXX or Fee Lease No. _____
Location
Unit Letter J 1620 Feet From The South Line and 1490 Feet From The East
Line of Section 18 Township 29N Range 6W N.M.P.M. Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil _____ or Condensate ☒ Address (Give address to which approved copy of this form is to be sent) 3539 East 30th, Farmington, New Mexico 87401
Name of Authorized Transporter of Crude Oil or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent) 3539 East 30th, Farmington, New Mexico 87401
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When No

IV. COMPLETION DATA
Designate Type of Completion -- (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
Date Spudded 8-25-76 Date Compl. Ready to Prod. 9-15-76 Total Depth 5577' P.B.T.D. 5505'
Elevations (DF, RKB, RT, GR, etc.) 6301' GR Name of Producing Formation Mesa Verde Top Oil/Gas Pay 4912' Tubing Depth 5447'
Perforations 4912' - 5436' w/21 shots Depth Casing Shoe 5569'
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
13 3/4" 9 5/8" 218' 180
8 3/4" 7" 3564' 150
6 1/8" 4 1/2" liner 3417' - 5569' 215
2 3/8" tubing 5447'

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 9-15-76 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 4404 AOF 9351 Length of Test 3 hrs. Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure Tubing Pressure (Shut-in) 903 PSIG Casing Pressure (Shut-in) 934 PSIG Choke Size 3/4

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 (Signature)
Production Engineer (Title)
9-17-76 (Date)

OIL CONSERVATION COMMISSION
APPROVED _____ 19
BY _____
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.
This form must be filed for each pool in multiple.