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SANTA FE		(
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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL)	
	GAS	1	
OPERATOR		ΙĹ	
PROBATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

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

LAND OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS	
011	1			
TRANSPORTER GAS	1			
OPERATOR]			
PRORATION OFFICE				
Northwest Pipelin	e Corporation			
Address				
P.O. Box 90, Farm	ington, New Mexico · 874	01		
Reason(s) for filing (Check proper box	,	Other (Please explain)		
New Well [X]	Change in Transporter of:	r		
Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Conden	一		
Change in Ownership	Cashiyireda Odo 🔝 💮			
If change of ownership give name and address of previous owner.				
and address of previous owner				
DESCRIPTION OF WELL AND	LEASE. Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.	
Lease Name San Juan 29-6 Uni	!	5		
Location Dan Oddin 25 0 011	t 41 Blanco nesa vi	erde AXXX	31076420	
Unit Letter E ; 15	00 Feet From The North Line	e and 1100 Feet From T	_{he} West	
One Letter				
Line of Section 17 To	wnship 29N Range	6W , NMPM, Rio A	arriba County	
ENERGE AND	TED OF OH AND MACHER OF	C		
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Other	TER OF OIL AND NATURAL GA	S Address (Give address to which approv	ed copy of this form is to be sent)	
Northwest Pipelin				
Name of Authorized Transporter of Ca	singhead Gas Dry Gas	3539 E. 30th, Farmingto Address (Give address to which approv	ed copy of this form is to be sent)	
El Paso Natural G		P.O. Box 990, Farmington, NM 87401		
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? When		
give location of tanks.	<u>i - i - i - i - i - i - i - i - i - i -</u>	no		
If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,	give commingling order number:		
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Completic		X .		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
9-10-76 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	5715 Top Oil/Gas Pay	5631 Tubing Depth	
6423 GR	Mesa Verde	5068	5600'	
Perforations			Depth Casing Shoe	
5068' to 5618' W/	23 shots		5674	
	TUBING, CASING, AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
12 1/4"	9 5/8"	219'	115	
8 3/4" 6 1/4"	4 1/2" Liner	3657' 3459' to 5674'	150	
- 6 1/4	2 3/8" Tubing	5600'	_	
TEST DATA AND REQUEST F			and must be equal to or exceed top allow-	
OIL WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas lif		
Date First New Oil Run To Tanks	Date of Test		1, etc.)	
Length of Test	10-4-76 Tubing Pressure	Flow Casing Pressure	Chore Size	
Langth of Tost			è1	
Actual Prod. During Test	Cil-Bbls.	Water - Bbls.	Ges-MCE ,	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
CV 5599 AOF 12,911		The state of the s		
Testing Method (pitot, back pr.)	3 hrs. Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
Back Pressure	794 PSIG	886 PSIG	3/4"	
CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION	
		APPROVED OCT 1		
I hereby certify that the rules and	regulations of the Oil Conservation with and that the information given	By Original Signed by a. R. Jandrick		
above is true and complete to the	e best of my knowledge and belief.			
		TITLE SUPERVISOR DIST. 45		
0.	nn	This form is to be filed in compliance with RULE 1104.		
NZI Ma	macell:	Trable to a request for allowable for a newly drilled or deepened		
D.H. Maroncelli (Sign	lature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
Production Er	ngineer	All mections of this form must be filled out completely for allow-		
(Title) able on new and recompleted wells.		ella.		
10-12-	76	Fill out only Sections I, II	I, III, and VI for changes of owner, er, or other such change of condition.	
(Date)		well name or number, or transporter, or other such change of condition.		