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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 Corporation	
Address P.O. Box 90, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

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. 50A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal, or Foreign XXXXXXXXXX	Lease No. E289-31
Location				
Unit Letter J ; 1830 Feet From The South Line and 1100 Feet From The East				
Line of Section 36 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 East 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)					
Northwest Pipeline Corporation	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	

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 2-7-77	Date Compl. Ready to Prod. 2-24-77		Total Depth 5698'		P.B.T.D. 5666'			
Elevations (DF, RKB, RT, GR, etc.) 6416' GR	Name of Producing Formation Mesa Verde		Top Oil/Gas Pay 5123'		Tubing Depth 5614'			
Perforations 5123' to 5622' w/22 shots.					Depth Casing Shoe 5698'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	9 5/8"		217'		150			
8 3/4"	7"		3702'		150			
6 1/4"	4 1/2" Liner		3552'-5698'		210			
-	2 3/8" Tubing		5614'		-			

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 2-24-77	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size 3 1/2"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF 1200

GAS WELL

Actual Prod. Test-MCF/D CV 5663 AOF 8522	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 906 PSIG	Casing Pressure (shut-in) 926 PSIG	Choke Size 48/64

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)
3/5/77
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Original Signed by J. R. Kendrick
SUPERVISOR DIST. #3
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.