HO. OF COPIES MEC	CIVED		
DISTRIBUTIO	!		
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
BRODATION OF			

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Ĺ	DISTRIBUTION	NEW MEXICO OIL CO	INSERVATION COMMIS	SION	Form C-104			
	SANTAFE	REQUEST F	FOR ALLOWABLE			C-104 and C-110		
Ī	FILE		AND		Effective 1-1-6	5		
-	U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND N	ATURAL GAS				
1	LAND OFFICE	7.01110111271101110	3 3.2 7.15 1.	ATOMINE ON				
	TRANSPORTER GAS							
-								
-	OPERATOR							
1.	PRORATION OFFICE Operator				····			
	·	Connonation						
-	Northwest Pipeline Corporation							
	P.O. Box 90, Farmington, New Mexico 87499							
Ī	Reason(s) for filing (Check proper box)		Other (Please	explain)		Ì		
- 1	New Woll	Change in Transporter of:						
	Recompletion	O11	; <u></u>					
Ì	Change in Ownership	Casinghead Gas Conden	sate X					
	If change of ownership give name and address of previous owner							
71	DESCRIPTION OF WELL AND I	CEASE						
 .	Lease Name	Them No., Hook Name, Including fic	14 . 1 - 1	Kind of Lease		Lesse No.		
	San Juan 29-6 Unit	50A Blanco Mes	a verde	State, XXXXXXXXX	<u> </u>	E-289-31		
	Location							
	Unit Letter J : 1830	Foot From The South Line	e and 1100	_ Feet From The	East			
			ću	D: 4 :	,	1		
	Line of Section 36 Tow	mahip 29N Bande	6W , NMPM,	Rio Arri	ba	County		
		one or our time stagement of	c					
П.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Dil	OF Concensors X	Augmes (Give address t	o which approved co	ppy of this form is i	o be sent,		
			1979 So 700 We					
	Petro Source Inc.		Agrees (blue address t	o which approved to	eny of this form is	0 66 56551		
	Name of Authorized Transporter of Cas							
	Northwest Pipeline		P.O. Box 90, F	<u>armington, N</u>	<u>New Mexico 8</u>	3/499		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	is gradetually connects	d? When				
	give location of tanks.	J 36 29N 6W	<u> </u>	 				
	If this production is commingled wit	h that from any other lease or pool,	give commungling order	number:				
IV.	COMPLETION DATA				a Saria Sara Bu	rv. Diff. Restv.		
	Designate Type of Completic	Oi. Well Gas Well	New West Workever	Deepen Fig	g Book Same Res			
	Designate Type of Completion		<u> </u>					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		B.T.D.			
			Top Off/Ota Phy	1	oing Depth			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	100 011/0 10 1/		oning beam			
		1	<u> </u>	Dar	eth Casing Shoe			
	Perforations			0.5	in outling ones			
		TUBING, CASING, AND	1					
	HOLE SIZE	CASING & TUBING SIZE	SS HTREC	.7	SACKS CE	AENI		
			<u> </u>		··· · · · · · · · · · · · · · · · ·			
			<u> </u>					
		1	1					
v.	TEST DATA AND REQUEST F		feer recovery of total volu		nust be equal to or	exceed top allow-		
	OIL WELL	able for this de	epsh or be for full 24 hours		. 1			
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow	i, pump, 203 1111, ero	-			
					30			
	Length of Test	Tubing Pressure	Cosing Pressure	Cr.	oke Size by			
			Water-Shie.	107	5-MCF7			
	Actual Prod. During Test	Oil - 3bls.	actor- apro-		*\0004			
			<u> </u>	DELL				
				Volt. 3	*************************************			
	GAS WELL Actual Frod. Tost-MCF/D	Length of Test	Bbls. Condensate/MMC		civity of Condensate	······································		
	Actual Fred. 1881-NCF/D							
	Testing Method (pitot, back pr.)	Tubing Pressurs (Shut-in)	Coming Pressure (Shut	-in) Ch	oke Size			
	resting morning (prior) vaca pro-							
		dia 3	01.0	CONSERVATION	N COMMISSIO)N		
¥1.	CERTIFICATE OF COMPLIAN	U.S.			g(arati			
			APPROVED			, 19		
	Commission have been complied to	regulations of the Oil Conservation with and that the information given	Original S	igned by CHARLE	S GHULSON			
	above is true and complete to the	best of my knowledge and belief.	BY					
					50 DIE			

VI.

IV

Donna J. Brage (Signate Production Clerk (Title)

December 9, 1982

TITLE DEPUTY OIL & GAS INSPECTOR SIET

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 RULZ 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.