## NO. OF COPIES PECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C -104 Supersedes Old C-104 and C-110 SANTA FE REQUEST FOR ALLOWABLE Effective 1-1-65 AND FILE 1 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS U.S.G.S. LAND OFFICE OIL TRANSPORTER GAS OPERATOR PROBATION OFFICE Operator Northwest Pipeline Corporation 87401 P.O. Box 90, Farmington, New Mexico Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: X. Dry Gas Recompletion Condensate Cardnahead Gas Change in Ownership If change of ownership give name and address of previous owner. II. DESCRIPTION OF WELL AND LEASE Lease No. ell No. Pool Name, Including Formation XXXX Federal XXXX NM 012670 Blanco Mesa Verde 48A San Juan 29-6 Unit Location Feet From The East 1720 Feet From The South Line and 1170 Unit Letter County Rio Arriba , NMPM, Range 6W 29N Township 35 III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate X Name of Authorized Transporter of Oil 3539 East 30th, Farmington, New Mexico Northwest Pipeline Corporation Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas X 3539 East 30th, Farmington, New Mexico 87401 Northwest Pipeline Corporation When Is gas actually connected? Twp. P.ge. If well produces oil or liquids, give location of tanks. No If this projection is commingled with that from any other lease or pool, give commingling order numbers Same Res'v. Diff. Res'v IV. COMPLETION DATA Plug Back New Well Oil Well Gas Well Designate Type of Completion - (X) Χ F.B.T.D. Date Compl. Ready to Prod. Total Derth Date Spudded 5706 5745**¹** 3-7-77 2-17-77 Tubing Depth Top Oll/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) 5656 Mesa Verde 5154**'** 6483' GR Depth Casing Shoe Perforctions 5781**'** 5154' - 5690' w/24 holes TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 125 9 5/8" 216 12 1/4" 150 711 3746 3/411 8 210 1/4" 3563' - 5741' 4 1/2" Liner 6 <u>56</u>56' 3/8" Tubing 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) Producing Method (Flow, pump, gas lift, etc.) OIL WELL Date of Test Date First New Oil Run To Tanks 3-7-77 F1ow Choke Size Casing Pressure Tubing Pressure Length of Test Gas - MCF Water - Bbls. Oil-Bbls. Actual Prod. During Test GAS WELL Gravity of Bbls. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D

Back Pressure VI. CERTIFICATE OF COMPLIANCE

CV 7561 AOF 14201

Testing Method (pitot, back pr.)

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.

3 hrs.

Tubing Pressure (Shut-in)

993 PSIG

4.71.20	Jawacelli ignorwe)
D. Maroncelli /s	ignature)
Product	ion Engineer
	(Title)
2/	0 /77

(Date)

996 PSIG OIL CONSERVATION COMMISSION

Casing Pressure (Shut-in)

Choke Size

48/64

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APPROVED			19
By Original	Signed by A. T	Sandriek	
TITLE SUPER	VISCE DIST. #5		

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 multipa completed wells