NO. OF COPIES RECEIVED		6		
DISTRIBUTION				
SANTA FE		1		
FILE		17		
U.S.G.S.				
LAND OFFICE				
IRANSPORTER	OIL	1		
	GAS	1		
OPERATOR		2	<u> </u>	
PRORATION OFFICE				

	DISTRIBUTION / SANTA FE /		ONSERVATION COMM	ISSION	. Form C-104 Supersedes Old	C-104 and C-110			
	FILE AND Superscuss of the Effective 1-1-65								
	u.s.g.s.	AUTHORIZATION TO TRAI	NSPORT OIL AND I	NATURAL G	AS				
	LAND OFFICE								
	TRANSPORTER OIL /								
	GAS /		•	•					
_	OPERATOR 2		•						
PRORATION OFFICE Operator									
Northwest Pipelien Corporation									
	Address Nov. Moving 97/01								
	P.O. Box 90, Farmington, New Mexico 87401								
	Reason(s) for filing (Check proper box) New Well X Change in Transporter of:								
	Recompletion Oil Dry Gas								
	Change in Ownership Casinghead Gas Condensate								
	• • • • • • • • • • • • • • • • • • • •								
	If change of ownership give name and address of previous owner				 				
••	DECORPORAL OF HELL AND	FACE							
11.	Lease Name Well No. Pool Name, Including Formation Kind of Lease 1					Lease No.			
	San Juan 29-6 Unit	Verde	XXXX	SF 078284					
	Location								
	Unit Letter C : 1180Feet From The North Line and 1650 Feet From The West								
	Line of Section 23 Tow	mship 29N Range	6W , NMPM	Rio	Arriba	County			
	Line of Section 23 Tow	mship ZYN Range	OW , 14000 to	, KIO	ALLIDA				
111.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S						
	Name of Authorized Transporter of Oil	or Condensate X	Address (Give address	to which approve	ed copy of this form is to	be sent)			
	Northwest Pipeline	Corporation Con Con Con Con Con Con Con Con Con C	3539 East 30t	h Farming	gton, N.M. 874	01			
	Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be								
	Northwest Pipeline	Unit Sec. Twp. P.ge.	3539 East 30th, Farmington, N.M. 87401 Is gas actually connected? When			101			
	If well produces oil or liquids, give location of tanks.		No	İ					
	If this production is commingled wit	th that from any other lease or pool,	give commingling orde	r number:					
IV.	COMPLETION DATA				Plug Back Same Res	v. Diff. Besty			
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back X X									
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
	4-14-77	4-29-77	57461		5707'				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
	6448' GR	5146'		5645 Depth Casing Shoe	5645'				
Perforations					5742.				
	5146' to 5638' w/25 holes 5742' TUBING, CASING, AND CEMENTING RECORD								
	HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT					ENT			
	12 1/4"	9 5/8"	194'		125				
	8 3/4"	7"	3750'		150				
	6 1/4"	4 1/2" Liner	3602' - 5 5645'	742'	210				
		2 3/8" Tubing		ume of load oil a	and must be soval to or s	sceed top allow-			
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 eable for this depth or be for full 24 hours)									
	Date First New Oil Run To Tanks	Date of Test	1	ing Method (Flow, pump, gas lift, etc.)		1			
		4-29-77	Flo	W	Choke Size				
	Length of Test	Tubing Pressure	Casing			. 1			
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.		Gas-MCF				
					The state of the s	, <i>/</i>			
	· · · · · · · · · · · · · · · · · · ·				A Committee of the contraction o				
	GAS WELL		Bbls. Condensate/MMCF		Gravity of Condensate				
	Actual Prod. Test-MCF/D CV 4664 AOF 8496	Length of Test 3 Hrs.	Boto, Concentrato, Marie	•					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shu	t-in)	Choke Size				
	Back Pressure	761 PSIG		IG	48/64				
VI.	TION COMMISSIO								
			APPROVED JUL 19						
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.			Original Signed by A. R. Kendrick						
			SUPERVISOR DIST. #3						
		_	TITLE) UT 2111 4 TO OTE	p:				
	Λ	01	This form is t	o he filed in G	compliance with RUL	E 1104.			
	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviation of					Denscheb to be			
	D.H. Maroncelli	well, this form mu	at be accompa: . well in accor	dance with RULE 11	1,				
	Drilling	g Engineer	well, this form must be accompance with RULE 111. tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-						
	(Ti	able on new and r	ecompleted we	TIT and VI for cha	nges of owner,				
	5/4/77	ate)	If wall name or numb	et, or transport	Ell of Office Agen and				
Inner			Secrete For	ns C-104 mus	be filed for each p	ool in multiply			

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.