

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☒ other ☐

2. NAME OF OPERATOR  
Northwest Pipeline Corporation

3. ADDRESS OF OPERATOR  
PO Box 90, Farmington, New Mexico 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 800' FSL & 1810' FEL  
AT TOP PROD. INTERVAL: same  
AT TOTAL DEPTH: same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input checked="" type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other) "summary"	<input type="checkbox"/>		<input type="checkbox"/>

5. LEASE  
SF 078281

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME  
San Juan 29-5 Unit

8. FARM OR LEASE NAME  
San Juan 29-5 Unit

9. WELL NO.  
25A

10. FIELD OR WILDCAT NAME  
Blanco Mesa Verde

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec 18 T29N R5W

12. COUNTY OR PARISH  
Rio Arriba

13. STATE  
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6568' GR

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*
- 1-5-78 Spudded 12 1/4" surface hole 1630 hrs. Ran 4 jts (180') 9 5/8" csg set @ 192'. Cmted w/ 125 sks. Circ out 2 bbls cmt. Plug down 2230 hrs 1-5-78.
- 1-9-78 Ran 91 jts (3782') 7" csg set @ 3794'. Cmted w/ 150 sks. Plug down 1445 hrs. Cmt top by temp survey 2400'. Pressure tested csg to 600 psi, OK.
- 1-11-78 Ran 68 jts (2227') of 4 1/2" liner set @ 5884' to 3657'. Cmted w/ 200 sks, circ out 2 1/2 bbls cmt. Plug down 1600 hrs.
- 1-12-78 Pressure tested csg to 3500 psi, held OK. Spotted 500 gal 7 1/2% HCl. Ran GR Neutron log 5822' to 4800'. Perfed 30 shots 5372' to 5790'. Pumped 1000 gal 7 1/2% & dropped 50 balls. Ran junk basket, rec 50 balls. Fraced w/ 100,000# 20/40 sand. AIR = 56 BPM, AIP = 2050 psi, MIP = 2500 psi. ISIP = 100 psi, 1 min SI = 0. Frac job complete 1930 hrs.
- 1-14-78 Ran 191 jts (5770') 2 3/8" tbq landed @ 5782'. Rig released 0300 hrs 1-15-78.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED Barbara C. Rex TITLE Production Clerk DATE January 16, 1978

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

JAN 17 1978

U. S. GEOLOGICAL SURVEY  
DISTRIBUTION

DEVIATION REPORT

NAME OF COMPANY Northwest Pipeline Corp. ADDRESS P0 Box 90, Farmington, New Mexico 87401

LEASE San Juan 29-5 Unit WELL 25A UNIT 0 SEC 18 T. 29N R. 5W

POOL Blanco Mesa Verde COUNTY Rio Arriba

<u>DEPTH</u>	<u>(0) DEVIATION</u>
<u>205</u> .....	<u>1</u>
<u>705</u> .....	<u>1</u>
<u>1251</u> .....	<u>3/4</u>
<u>1723</u> .....	<u>0</u>
<u>2251</u> .....	<u>1/2</u>
<u>2784</u> .....	<u>3/4</u>
<u>3284</u> .....	<u>1</u>
<u>4369</u> .....	<u>1</u>
<u>4894</u> .....	<u>3/4</u>
<u>5379</u> .....	<u>1/2</u>
<u>5886</u> .....	<u>3/4</u>
.....	.....



Certificate: I, the undersigned, state that I, Barbara C. Rex acting in my capacity as Production Clerk of Northwest Pipeline Corporation, am authorized by said Company to make this report; and that this report was prepared by me or under my supervision and direction and that the facts stated herein are true to the best of my knowledge and belief.

Barbara C. Rex

Subscribed and sworn to before me this 9th day of February, 19 78

Virginia B. Copeland  
NOTARY PUBLIC IN AND FOR SAN JUAN COUNTY, NEW MEXICO

My Commission Expires 12-18-79

**NEW MEXICO OIL CONSERVATION COMMISSION  
MULTIPOINT AND ONE POINT BACK PRESSURE TEST FOR GAS WELL**

Form C-122  
Revised 9-1-65

Type Test <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Special					Test Date <b>1/30/78</b>	
Company <b>Northwest Pipeline Corp.</b>				Connection <b>New Well</b>		
Pool <b>Blanco</b>				Formation <b>Mesa Verde</b>		Unit <b>San Juan 29-5</b>
Completion Date <b>1/15/78</b>		Total Depth <b>5886</b>		Plug Back TD <b>5822</b>		Elevation <b>6568</b>
Farm or Lease Name <b>San Juan 29-5 Unit</b>		Well No. <b>#25A</b>				
Csg. Size <b>4.500</b>	Wt. <b>20.0</b>	d <b>6.456</b>	Set At <b>3794</b>	Perforations: From <b>5372</b> To <b>5790</b>		Unit <b>0</b>
Tbg. Size <b>2.375</b>	Wt. <b>4.7</b>	d <b>1.995</b>	Set At <b>5782</b>	Perforations: From                      To		Sec. <b>18</b>
Type Well - Single - Bradenhead - G.G. or G.O. Multiple <b>Gas - Single</b>				Packer Set At <b>None</b>		Twp. <b>29</b>
Producing Thru <b>Tubing</b>		Reservoir Temp. °F <b>@</b>		Mean Annual Temp. °F <b>12.0</b>		State <b>New Mexico</b>
L	H	Gg <b>.657</b>	% CO <sub>2</sub>	% N <sub>2</sub>	% H <sub>2</sub> S	Prover
Meter Run		Taps				

FLOW DATA						TUBING DATA		CASING DATA		Duration of Flow	
NO.	Prover Line Size	X	Orifice Size	Press. p.s.i.g.	Diff. h <sub>w</sub>	Temp. °F	Press. p.s.i.g.	Temp. °F	Press. p.s.i.g.		Temp. °F
1.	2"	X	.750	98		55°	503	98	595	380	3 hrs.
2.											
3.											
4.											
5.											

RATE OF FLOW CALCULATIONS							
NO.	Coefficient (24 Hour)	$\sqrt{h_w P_m}$	Pressure P <sub>m</sub>	Flow Temp. Factor Ft	Gravity Factor Fg	Super Compress. Factor, Fpv	Rate of Flow Q, Mcfd
1.	9.604		110	1.005	1.234	1.009	1322
2.							
3.							
4.							
5.							

NO.	P <sub>t</sub>	Temp. °R	T <sub>f</sub>	Z	Gas Liquid Hydrocarbon Ratio _____ Mcf/bbl.
1.					A.P.I. Gravity of Liquid Hydrocarbons _____ Deg.
2.					Specific Gravity Separator Gas _____ X X X X X X X X
3.					Specific Gravity Flowing Fluid _____ X X X X X
4.					Critical Pressure _____ P.S.I.A. _____ P.S.I.A.
5.					Critical Temperature _____ R _____ R

P <sub>c</sub> <b>607</b>	P <sub>c</sub> <sup>2</sup> <b>368449</b>	(1) $\frac{P_c^2}{P_c^2 - P_w^2} = 1.7154$	(2) $\left[ \frac{P_c^2}{P_c^2 - P_w^2} \right]^n = 1.4989$
NO.	P <sub>t</sub> <sup>2</sup>	P <sub>w</sub>	P <sub>w</sub> <sup>2</sup>
1.		392	153664
2.			
3.			
4.			
5.			

Absolute Open Flow <b>1982</b> Mcfd @ 15.025		Angle of Slope $\theta$ <b>.75</b>
Remarks: <b>Blew light H<sub>2</sub>O mist</b>		

Approved By Commission:	Conducted By: <b>Fred S. Hamrick</b>	Calculated By: <b>Fred S. Hamrick</b>	Checked By:
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UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE\*

(See other In-  
structions on  
reverse side)Form approved.  
Budget Bureau No. 42-R355.5.

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

<b>1a. TYPE OF WELL:</b> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> DRY <input type="checkbox"/> Other _____						<b>5. LEASE DESIGNATION AND SERIAL NO.</b> SF 078281									
<b>b. TYPE OF COMPLETION:</b> NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other _____						<b>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</b>									
<b>2. NAME OF OPERATOR</b> Northwest Pipeline Corporation						<b>7. UNIT AGREEMENT NAME</b> San Juan 29-5 Unit									
<b>3. ADDRESS OF OPERATOR</b> PO Box 90, Farmington, New Mexico 87401						<b>8. FARM OR LEASE NAME</b> San Juan 29-5 Unit									
<b>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*</b> At surface 800' FSL & 1810' FEL At top prod. interval reported below same At total depth same						<b>9. WELL NO.</b> 25A									
<b>14. PERMIT NO.</b> _____ <b>DATE ISSUED</b> _____						<b>10. FIELD AND POOL, OR WILDCAT</b> Blanco Mesa Verde									
<b>15. DATE SPUDDED</b> 1-5-78 <b>16. DATE T.D. REACHED</b> 1-11-78 <b>17. DATE COMPL. (Ready to prod.)</b> 1-30-78 <b>18. ELEVATIONS (DF, REB, RT, GR, ETC.)*</b> 6568' GR <b>19. ELEV. CASINGHEAD</b>						<b>11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA</b> Sec 18 T29N R5W									
<b>20. TOTAL DEPTH, MD &amp; TVD</b> 5886' <b>21. PLUG, BACK T.D., MD &amp; TVD</b> 5822' <b>22. IF MULTIPLE COMPL., HOW MANY*</b> _____ <b>23. INTERVALS DRILLED BY</b> all <b>ROTARY TOOLS</b> _____ <b>CABLE TOOLS</b> _____						<b>12. COUNTY OR PARISH</b> Rio Arriba <b>13. STATE</b> New Mexico									
<b>24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*</b> Mesa Verde						<b>25. WAS DIRECTIONAL SURVEY MADE</b> no									
<b>26. TYPE ELECTRIC AND OTHER LOGS RUN</b> GR Neutron, CCL						<b>27. WAS WELL CORED</b> no									
<b>28. CASING RECORD (Report all strings set in well)</b>															
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED					
9 5/8"		32.3		192'		12 1/4"		125 sks		2 bbls					
7"		20.0		3794'		8 3/4"		150 sks		-					
<b>29. LINER RECORD</b>												<b>30. TUBING RECORD</b>			
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)		SIZE		DEPTH SET (MD)		PACKER SET (MD)	
4 1/2"		3657'		5884'		200				2 3/8"		5782'		none	
<b>31. PERFORATION RECORD (Interval, size and number)</b>								<b>32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.</b>							
5372 5402 5446 5562 5710 5764								DEPTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED							
6386 5406 5452 5600 5716 5772								5372' to 5790' Spot 500 gal 7 1/2% HCl. Pumped							
5390 5410 5524 5614 5738 5778								30 holes 1000 gal 7 1/2% HCl & dropped 50							
5394 5414 5530 5684 5748 5784								balls. Fraced w/ 100,000# 20/40							
5398 5418 5556 5704 5756 5790								sd in slick wtr.							
<b>33.* PRODUCTION (Total fluid 117,000 gal)</b>															
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)						WELL STATUS (Producing or shut-in)							
N/A		Flowing						Shut-in							
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD		OIL—BBL.		GAS—MCF.		WATER—BBL.		GAS-OIL RATIO	
1-30-78		3 hrs		0.750"		→		-		CV 1322		-		-	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.		GAS—MCF.		WATER—BBL.		OIL GRAVITY-API (CORR.)			
98 psig		380 psig		→		-		AOF 1982		-		-		-	
<b>34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)</b> Waiting on pipeline connection												<b>TEST WITNESSED BY</b>			
<b>35. LIST OF ATTACHMENTS</b>															
<b>36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records</b>															
SIGNED <u>William C. Key</u>		TITLE <u>Production Clerk</u>		DATE <u>February 9, 1978</u>											

\*(See Instructions and Spaces for Additional Data on Reverse Side)

# INSTRUCTIONS

**General:** This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

**Item 4:** If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

**Item 18:** Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

**Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

**Item 29:** "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

**Item 33:** Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROSITY ZONES:				38. GEOLOGIC MARKERS		
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF: CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES						
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Mesa Verde			ss. 1t to med gry, silty in part, fn to med gr, interbedded w/ siltstone, 1t to dk gry carbonaceous shale.	Cliff House Menefee Point Lookout T.D.	5368' 5420' 5698' 5886'	same same same same

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TRANSPORTER	OIL	1
	GAS	1
OPERATOR		
PRORATION OFFICE		

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

Operator Northwest Pipeline Corporation	
Address PO Box 90, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
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"/>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

I. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 29-5 Unit	Well No. 25A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease XXX, Federal XXXe	Lease No. SF078281
Location				
Unit Letter	0	800	Feet From The	South
Line of Section	18	Township	29N	Range
			5W	NMPM,
			Rio Arriba	County

I. 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 E 30th St., 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 E 30th St., Farmington, New Mexico 87401					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

V. 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 1-5-78	Date Compl. Ready to Prod. 1-30-78	Total Depth 5886'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 6568' GR	Name of Producing Formation Mesa Verde	Top Oil/Gas Pay 5372'	Tubing Depth 5782'					
Perforations 5372' to 5790'; 30 holes			Depth Casing Shoe 5884'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	9 5/8"	192'	125					
8 3/4"	7"	3794'	150					
6 1/4"	4 1/2" liner	3657' - 5884'	200					
-	2 3/8" tbq	5782'	-					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead 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 1-30-78	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D CV 1322 AOF 1982	Length of Test 3 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back pressure	Tubing Pressure (shut-in) 503 psig	Casing Pressure (shut-in) 595 psig	Choke Size 0.750"

I. 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.

*B. R. Kendrick*

(Signature)  
Production Clerk

(Title)  
February 9, 1978

(Date)

OIL CONSERVATION COMMISSION

APPROVED *FEB 11 1978*, 19\_\_\_\_\_  
Original Signed by A. R. Kendrick  
BY \_\_\_\_\_  
TITLE \_\_\_\_\_  
SUPERVISOR DIST. #3

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.

Form C-104 must be filed for each pool in multiplicity

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	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

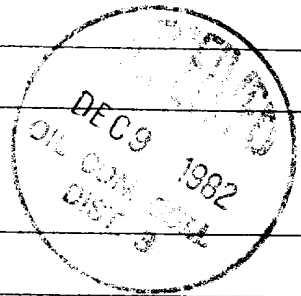
Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

1. Operator  
Northwest Pipeline Corporation  
Address  
P.O. Box 90, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☒

Other (Please explain)



If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 29-5 Unit	Well No. 25A	Well Name, including Formation Blanco Mesa Verde	Kind of Lease XX Federal or XX	Lease No. SF-078281
Location Unit Letter 0 800 Feet From The South Line and 1810 Feet From The East Line of Section 18 Township 29N Range 5W, 10NPM, 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"/> Petro Source Inc.	Address (Give address to which approved copy of this form is to be sent) 1979 So 700 West, Salt Lake City, Utah 84104
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 90, Farmington, New Mexico 87499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. 0 18 29N 5W
Is this facility connected? When	

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 Resv.	Diff. Resv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Entry		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Donna J. Bracer (Signature)

Production Clerk (Title)

December 9, 1982

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Charles M. Johnson  
TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3

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 transportation or other such change of data.

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ENERGY AND MINERALS DEPARTMENT

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	GAS
OPERATOR	
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OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Northwest Pipeline Corporation

Address  
P.O. Box 90, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input checked="" type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 29-5 Unit	Well No. 25A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease XXX State, Federal or P&G	Lease No. SF-078281
Location Unit Letter 0 : 800 Feet From The South Line and 1810 Feet From The East Line of Section 18 Township 29N Range 5W, 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"/> UPG, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 66, Liberal, Kansas 76901
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 90, Farmington, New Mexico 87499
If well produces oil or liquids, give location of tanks. Unit 0 Sec. 18 Twp. 29N Rge. 5W	Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

*Linda S. Marques*  
Linda S. Marques (Signature)  
Production and Drilling Clerk  
(Title)  
January 9, 1985  
(Date)

OIL CONSERVATION DIVISION

APPROVED *Frank J. [Signature]* JAN 18 1985  
BY  
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the deviatric 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 multiple completed wells.



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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
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JAN 20 1986

OIL CON. DIV

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Northwest Pipeline Corporation		
Address P.O. Box 90 - Farmington, New Mexico 87499		
Reason(s) for filing (Check proper box)		Other (Please explain)
<input type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input checked="" type="checkbox"/> Condensate

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 29-5 Unit	Well No. 25A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> XXX	Lease No. SF-078287
Location				
Unit Letter 0 : 800 Feet From The South Line and 1810 Feet From The East				
Line of Section 18 Township 29N Range 5W, 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"/> Mancos Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 1320 - Farmington, NM 87499				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 90 - Farmington, New Mexico 87499				
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 18	Twp. 29N	Rge. 5W	Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Carrie Harmon  
(Signature)

Production & Drilling Clerk

January 7, 1986  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_ JAN 20 1986

BY \_\_\_\_\_ SUPERVISOR-DISTRICT 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 deviated 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 multiphase completed wells.

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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator  
Northwest Pipeline Corporation

Address  
P.O. Box 90 - Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input checked="" type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> casinghead Gas	

Other (Please explain) \_\_\_\_\_

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 29-5 Unit	Well No. 25A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease <del>XXX</del> Federal <del>XXX</del>	Lease No. SF 078281
Location Unit Letter <u>0</u> ; <u>800</u> Feet From The <u>South</u> Line and <u>1810</u> Feet From The <u>East</u> Line of Section <u>18</u> Township <u>29N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</u> 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"/> Four-Four Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 821 - Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 90 - Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit : <u>0</u> Sec. : <u>18</u> Twp. : <u>29N</u> Rge. : <u>5W</u> Is gas actually connected? <input type="checkbox"/> When _____

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

OIL CONSERVATION DIVISION

APPROVED JUN 10 1986

BY Frank J. [Signature]

SUPERVISOR DISTRICT 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 deepen well, this form must be accompanied by a tabulation of the deviate 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 multiple completed wells.

Carrie Harmon (Signature)

Production & Drilling Clerk (Title)

May 28, 1986 (Date)

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ENERGY AND MINERALS DEPARTMENT

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P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

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JUN 01 1988  
OIL CON. DIV.  
DIST. 3

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Name of Applicant Northwest Pipeline Corporation	
Address 3539 East 30th - Farmington, NM 87401	
Reason(s) for filing (Check proper box)	
<input type="checkbox"/> New Well	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate
<input type="checkbox"/> Recompletion	
<input type="checkbox"/> Change in Ownership	
Other (Please explain)	

Name of previous owner	Address of previous owner
------------------------	---------------------------

DESCRIPTION OF WELL AND LEASE

Well Name San Juan 29-5 Unit	Well No. 25A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease XXX, Federal XXX	Lease No. SF 078281
Location Unit Letter 0 : 800 Feet From The South Line and 1810 Feet From The East Line of Section 18 Township 29N Range 5W, NMPM, Rio Arriba County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Gary Energy Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159 - Bloomfield, NM 87413
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) 3539 East 30th - Farmington, NM 87401
Well produces oil or liquid gas <input type="checkbox"/> or gas <input checked="" type="checkbox"/> Location of tanks	Is gas actually connected? When
Unit 0 Sec. 18 Twp. 29N Rge. 5W	

If production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Carrie Harmon  
(Signature)  
Production & Drilling Clerk  
(Title)  
May 27, 1988  
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 01 1988  
BY [Signature]  
TITLE SUPERVISOR DISTRICT #3

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.  
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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.

Appropriate District Office  
DISTRICT I  
P.O. Box 1960, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

# OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

See Instructions  
at Bottom of Page

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <b>PHILLIPS PETROLEUM COMPANY</b>		Well API No.
Address <b>300 W ARRINGTON, SUITE 200, FARMINGTON, NM 87401</b>		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain)		
If change of operator give name and address of previous operator <b>Northwest Pipeline Corp., 3535 E. 30th, Farmington, NM 87401</b>		

### II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>San Juan 29-5 Unit</b>	Well No. <b>25A</b>	Pool Name, Including Formation <b>BLANCO MESAVERDE</b>	Kind of Lease State, Federal or Fee <b>XXX</b>	Lease No.
Location Unit Letter <b>O</b> <b>800</b> Feet From The <b>South</b> Line and <b>18.10</b> Feet From The <b>East</b> Line Section <b>18</b> Township <b>29N</b> Range <b>5W</b> <b>NMPM</b> <b>Rio Arriba</b> 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"/> <b>Gary Energy</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 159, Bloomfield, NM 87413</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>Northwest Pipeline Corp.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 58900, SLC, Utah 84158-0900</b>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
Is gas actually connected?		When? Attn: Claire Potter

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
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations				Depth Casing Shoes				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

### 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 Tank	Date of Test
Producing Method (Flow, pump, gas lift, etc.)	
Oil of Test	Water Pressure
Actual Prod. During Test	Oil - Bbls.
	Water - Bbls.
GAS WELL	
Actual Prod. Test - MCF/D	Length of Test
Bbls. Condensate/MMCF	Gravel Seal
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)
Casing Pressure (Shut-in)	Choke Size

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### VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature **L. E. Robinson** Sr. Drig. & Prod. Engr.  
Printed Name **APR 0 1 1991** (505) 599-3412 Title  
Date Telephone No.

### OIL CONSERVATION DIVISION APR 0 1 1991

Date Approved  
By **Burt D. Chang**  
Title **SUPERVISOR DISTRICT #3**

### INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

DISTRICT II  
P.O. Drawer DD, Arreda, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator PHILLIPS PETROLEUM COMPANY	Well API No. 3003921556
Address 5525 HWY 64 NBU 3004, FARMINGTON, NEW MEXICO 87401	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>

If change of operator give name  
and address of previous operator

#### II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 29-5 Unit	Well No. 25A	Pool Name, including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>0</u> : <u>800</u> Feet From The <u>South</u> Line and <u>1810</u> Feet From The <u>East</u> Line Section <u>18</u> Township <u>29N</u> Range <u>5W</u> , <u>NMPM</u> 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"/> Meridian Oil Transporters, Inc.	Address (Give address to which approved copy of this form is to be sent) 3535 E. 30th. St., Farmington, NM 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Williams Field Services, Company MLCPC	Address (Give address to which approved copy of this form is to be sent) PO Box 58900, Salt Lake City, UT 84158-0900					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When? Attn: Claire Potter

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
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas say		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

#### 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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	RECEIVED JUN 4 1991
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

#### VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature L. E. Robinson  
L. E. Robinson Sr. Drlg. & Prod. Engr.  
Printed Name 5-30-91 Title (505) 599-3412  
Date Telephone No.

#### OIL CONSERVATION DIVISION

Date Approved JUN 04 1991  
By [Signature]  
Title SUPERVISOR DISTRICT 13

#### INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT - " for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. <b>SF-078281</b>
2. Name of Operator <b>Phillips Petroleum Company</b>	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. <b>5525 Highway 64, NBU 3004, Farmington, NM 87401 505-599-3454</b>	7. If Unit or CA, Agreement Designation <b>San Juan 29-5 Unit</b>
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <b>Unit 0, 800' FSL &amp; 1810' FEL Section 18, T29N, R5W</b>	8. Well Name and No. <b>SJ 29-5 Unit 25A</b>
	9. API Well No. <b>30-039-21556</b>
	10. Field and Pool, or exploratory Area <b>Blanco Mesaverde</b>
	11. County or Parish, State <b>Rio Arriba, NM</b>

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>add pay &amp; stimulate</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

MIRU. ND WH & NU BOPs. POOH w/production tubing. Isolate existing Mesaverde perfs with retrievable bridge plug.

Perforate and stimulate Lewis Shale (perfs to be determined after logs are run). Retrieve RBP and run production tubing.

Flow test Lewis Shale.

A workover pit may be required.

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SEP 22 1997

OIL CON. DIV.  
DIST. 3

SEP 17 PM 1:06  
OIL CON. DIV. NM

14. I hereby certify that the foregoing is true and correct

Signed [Signature] Title Regulatory Assistant Date 9-15-97

(This space for Federal or State office use)

Approved by /s/ Duane W. Spencer Title \_\_\_\_\_ Date SEP 18 1997

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\* See Instruction on Reverse Side

NMOCD