DISCOMUTION

	SANTAFE / FILE / U.S.G.S.	REQUEST (FOR ALLOWABLE AND NSPORT OIL AND NATURAL	Corm Collective Supersades Old C-104 and C-170 Effective 1-1-65
	IRANSPORTER OIL GAS , OPERATOR 2			
1.	PRORATION OFFICE			
Northwest Pipeline Corporation				
PO Box 90, Farmington, New Mexico 87401				
Reason(s) for filing (Check proper box) Other (Please explain)				
	New We'll X Change in Transporter of: Becompletion Oil Dry Gas			
	Recompletion Change in Ownership	Casinghead Gas Conden		
	If change of ownership give name and address of previous owner			
11.	DESCRIPTION OF WELL AND I	Vell No. Pool Name, Including Fo	ormation Kind of Lea	se Lease No.
	San Juan 29-Unit	20A Blanco Mesa V	(1 1
	Location Unit Letter D : 860) Feet From The North Line	e and 1140 Feet From	The West
	Line of Section 8 Tow	mship 29N Range	6W , NMFM, Rio	Arriba County
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 appril	
	Northwest Pipeline Co	orporation 3539 E 30th St., Farmington, New Mexico 874 Inghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent)		oved 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. P.ge.	is day actifully convented.	nen
IV.	If this production is commingled wit COMPLETION DATA			Plug Back Same Resty. Diff. Resty.
	Designate Type of Completio		New Well Workover Deepen	prag Back Came No. 10
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D. 6023'
	9-17-78 Elevations (DF, RKB, RT, GR, etc.,	10-4-78 Name of Producing Formation	6067 Top Cil/Gas Pay	Tubing Depth
	6804 'GR	Mesa Verde	5552'	5975 Depth Casing Shoe
	Perforations 5552' to 6000'; 30 ho	oles		6065'
	0002 00 0000 , 00	TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE 9-5/8"	218'	125
	8-3/4"	7"	4010'	150
	6-1/4"	4-1/2" liner	3862' - 6065' 5975'	210
37	TEST DATA AND REQUEST FO	2-3/8" tbg OR ALLOWABLE (Test must be a)	fter recovery of total volume of load of	l and must be equal to or exceed top allow-
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Cil Run To Tanks Date of Test Crest must be after recovery of total volume of load oil and must be able for this depth or be for full 24 hours Producing Method (Flow, pump, gas lift, etc.)				
	Date First New Oil Hun 10 1 daks	10-4-78 Tubing Pressure	Flow Casing Pressure	
	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/NMCF	Gravity of Condensate
	CV 2749 AOF 5348 Tenting Method (pitos, back pr.)	3 hrs. Tubing Pressure (shut-in)	Cosing Pressure (Shut-in)	Choke Size
	Back pressure	739 psig	739 psig	2" X 0.750"
VI.	CERTIFICATE OF COMPLIANCE	CE	OIL CONSERV	ATION COMMISSION
	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.		APPROVED	
	Converse to the Best of my knowledge and complete to the Best of my knowledge		TITLE SUPERVISOR COST. 36	
			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.	
	(Title)		All sections of this form must be filled out completely for allowable on new and recompleted wells.	
	October 11, 1978		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.	
	(Do	ate)	Separate Forms C-104 mi	ust be filed for each pool in multiply
	,		completed wells.	