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OPERATOR	2
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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

API 30-039-21782

I. Operator
 Northwest Pipeline Corporation

Address
 PO Box 90, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box) Other (Please explain)

New Well 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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	San Juan 29-5 Unit	Well No.	81	Pool Name, including Formation	Wildcat Pictured Cliffs	Kind of Lease	XXX Federal XXX	Lease No.	SF 078410
Location	Unit Letter D	1190	Feet From The North	Line and	1190	Feet From The West			
Line of Section	6	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"/>	Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent)	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"/>	Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent)	3539 E. 30th St., Farmington, New Mexico 87401				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually 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 Res'v.	Diff. Res'v.	
		X	X						
Date Spudded	8-14-78	Date Compl. Ready to Prod.	6-5-79	Total Depth	3660'	P.E.T.D.	3647'		
Elevations (DF, RKB, RT, GR, etc.)	6530'GR	Name of Producing Formation	Pictured Cliffs	Top Oil/Gas Pay	3514'	Tubing Depth	Tubingless		
Perforations	3546' to 3514' w/ 32 shots.						Depth Casing Shoe	3657'	
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT						
12-1/4"	8-5/8"	124'	90 sks						
7-7/8" & 6-3/4"	2-7/8"	3657'	170 sks						

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 Date of Test: 6-5-79

Actual Prod. Test-MCF/D	Length of Test	Ebbs. Condensate/MMCF	Gravity @ Condensate
CV 3125 AOF 3364	3 hrs	-	-
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back pressure	Tubingless	1146 psig	2" x 0.750"

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.

Richard C. Cox
 (Signature)

Production Clerk

(Title)

June 15, 1979

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 28 1979, 19
 BY Original Signed by A. R. Kendrick
 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 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 multiply