HO. OF COPIES RECEIVED		6	6	
DISTRIBUTION				
SANTA FE				
FILE				
U.S.G.S.		L.		
LAND OFFICE				
TRANSPORTER	OIL	$\Box L$		
	GAS	$\prod$		
OPERATOR		2		
PRORATION OFFICE				

	SANTA FE  FILE  U.S.G.S.	AND		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
	TRANSPORTER OIL / GAS / OPERATOR Z	GAS /				
1.	PRORATION OFFICE Operator					
Northwest Pipeline Corporation						
	PO Box 90, Farmington, New Mexico 87401					
	Reason(s) for filing (Check proper box) New Well	Other (Please explain)  Other (Please explain)				
	Recompletion	Oil Dry Ga	<b>=</b> 1	·		
	Change in Ownership	Casinghead Gas Conden	site [ ]			
	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL AND	Well No.   Pool Name, Including Fo	ormation Kind of Leas	e Lease No.		
	San Juan 29-5 Unit 91 Basin Dakota XXXX \$F 078					
	Unit Letter B : 114	O Feet From The North Line	e and 1840 Feet From	The East		
	Line of Section 35 Tow	vnship 29N Range 5	W , NMPM, Ri	o Arriba County		
III.	DESIGNATION OF TRANSPORT	or Condensate X	S Address (Give address to which appro	ved copy of this form is to be sent)		
	Northwest Pipeline Corporation 3539 E 30th St., Farmington, New Mexic					
	Maile of Maniera Transport			n, New Mexico 87401		
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? Wh			
	give location of tanks.	th that from any other lease or pool,	give commingling order number:			
JV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.		
	Designate Type of Completic		X .			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D. 8782'		
	8-13-78 Elevations (DF, RKB, RT, GR, etc.)	9-5-78 Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth		
	7459 GR	Dakota	8726'	8750 Depth Casing Shoe		
	8726' to 8736'; 22 hol	es		8827'		
	HOLE SIZE	TUBING, CASING, AND	DEPTH SET	SACKS CEMENT		
	12-1/4"	9-5/8"	393.'	165		
	8-3/4" 6-1/4"	7"	4630 ' 8827 '	175		
		4-]/2" 2-3/8" tbg	8827 ' 8750 '			
V.	TEST DATA AND REQUEST FOOL WELL	OR ALLOWABLE (Test must be as able for this de	able for this depth or be for fall 24 hours)			
	Date First New Oil Run To Tanks	Date of Test 9-5-78	Producing Method (Flow, pump, gas lift, etc.)  Flow			
	Length of Teat	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF		
				The state of the s		
	GAS WELL	NOV 27 1978				
	Actual Pros. Test-MUF/D	Length of Test	Bbls. Condensate MMCF	Gravit Apr Condensate  OIL_CONT 3		
	CV 4322 AOF 5240 Testing Method (pitot, back pr.)	3 hrs Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Back Pressure	2309 psig	2639 psig	2" X 0 750"		
VI.	CERTIFICATE OF COMPLIAN	CE	11	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 NOV 27 1978 . 19			
			BY OIIBIRGI DIBEOR S IL			
			TITLEPERVISOR DIST. #8			
Ballara C. Rex			This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened			
	(Sign	ature)	well, this form must be accompanied by a tabulation of the well in accordance with RULE 111.			
Production Clerk (Tule)			All sections of this form must be filled out completely for allow-			
	November 22		1	it itt and UI for changes of owner,		
(Date)			Fill out only Sections 1, 11, 11, which 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.			