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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

1.

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

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. 90	Pool Name, Including Formation Basin Dakota	Kind of Lease XXX, Federal XXXX	Lease No. SF 078917
Location				
Unit Letter N	1180	Feet From The South	Line and 1750	Feet From The West
Line of Section 35	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"/>	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)
El Paso Natural Gas Company	PO Box 990, 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: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
		X	X					
Date Spudded 7-30-78	Date Compl. Ready to Prod. 8-21-78	Total Depth 8802'	P.B.T.D. 8788'					
Elevations (DF, RKB, RT, GR, etc.) 7440' GR	Name of Producing Formation Dakota	Top Oil/Gas Pay 8724'	Tubing Depth 8724'					
Perforations 8724' to 8736'; 24 holes			Depth Casing Shoe 8798'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	9-5/8"	455'	260					
8-3/4"	7"	4600'	140					
6-1/4"	4-1/2"	8798'	345					
-	2-3/8" tbg	8724'	-					

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 8-21-78	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 3468 AOF 4583	Length of Test 3 hrs	Bbls. Condensate/MCF	Gravimetric Condensate
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 2018 psig	Casing Pressure (Shut-in) 1929 psig	Choke Size 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.

Barbara C. Rex
(Signature)

Production Clerk

(Title)
November 22, 1978

(Date)

OIL CONSERVATION COMMISSION

NOV 27 1978

APPROVED _____, 19

Original Signed by A. R. Kendrick

BY _____
TITLE SUPERVISOR DIST. #2

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.