			, -
DISTRIBUTION	<u> </u>		
SANTA FE			
FILE			
U.S.G.5.			
LAND OFFICE			
TRANSPORTER	OIL		I
	GAS		
OPERATOR			
PRORATION OFFICE			
Operator			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

	FILE	REQUEST		LUMABLE		Effective 1-1-65	C-104 and C-11	
	U.S.G.5.	AUTHORIZATION TO TR	AND	- OIL AND N	TUDAL O	4.6		
	LAND OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
	OIL	1						
	TRANSPORTER GAS	1						
	 	1						
	OPERATOR	-						
I.	PRORATION OFFICE	<u> </u>						
	Operator Northwest Pineline Corporation							
	Northwest Pipeline Corporation							
	P.O. Box 90 Farmington, New Mexico 87401							
	Reason(s) for tiling (Check proper box)	(s) for filing (Check proper box) Other (Please explain)						
	New Well Change in Transporter of:							
	Recompletion X	Oil Dry Go	ıs 🔲					
	Change in Ownership	Casinghead Gas Conde	nsate					
	If change of ownership give name and address of previous owner							
	and addiess of previous owner					·		
17	DESCRIPTION OF WELL AND I	FASE						
•••	Lease Name	Well No. Pool Name, Including F	ormation	ļ ķ	ind of Lease		Lease No.	
	San Juan 30-5 Unit	7 Blanco Mesa V	erde	X	tote , Federal	90\0\ 0 \$	SF 078740	
	Location					· · · · · · · · · · · · · · · · · · ·	·	
	М 990	O Feet From The South Lin		990		West		
	Unit Letter M : 990	Feet From The Lin	ne and		reet From T	ne		
	Line of Section 29 Tow	mship 30N Range	ETT	*** *=* *	D 4 -	Arriba		
	Line of Section 29 Tow	mship 3UN Range	<u>5W</u>	, NMPM,	K1C	Arriba	County	
			_					
III.	DESIGNATION OF TRANSPORT		\S	Cina addasas to	hiah annaa	ed copy of this form is to	ha santi	
	Name of Authorized Transporter of Oil							
	Northwest Pipeline Co		3539	East 30th	Farmingt	on, New Mexico	87401	
	Name of Authorized Transporter of Cas	inghead Gas X or Dry Gas	Address	Give address to	which approv	ed copy of this form is to	be sent)	
	Northwest Pipeline Co	rporation				on, New Mexico	87401	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas ac	tually connected	? Whe	n		
	give location of tanks.				i			
1	If this production is commingled wit	h that from any other lease or pool.	give com	ningling order r	umber:	NA		
	COMPLETION DATA	a that from any other rouge or poor,	6	G B				
		Oil Well Gas Well	New Well	Workover	Deepen	Plug Back Same Res	v. Diff. Res'v.	
	Designate Type of Completio	n = (X)	į	X			i	
	Date Spudded	Date Comp., Ready to Prod.	Total De	oth		P.B.T.D.		
	,	11-15-75		5710 '		5680 '		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/			Tubing Depth		
	6253' DF	Mesa Verde	1 '	5132'		5585 '		
	Perforations	Hesa verde	<u> </u>	71.72		Depth Casing Shoe		
	5132' - 5612' w/29 sh	2010				•		
-	3132 - 3012 W/29 SI					5707 '		
- 1			D CEMENTING RECORD			SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE	-	DEPTH SET	·		271	
ļ	13 3/4"	9 5/8"	ļ	332 '		225		
1	8 7/8"	7"	ļ	5043 '		400		
	5 7/8"	4 1/2"	ļ	5707 '		100		
		2 3/8"	<u> </u>	5585 '				
V.	TEST DATA AND REQUEST FO	RALLOWABLE (Test must be a	fter recover	y of total volume	of load oil a	nd must be equal to or ex	cceed top allow-	
	OIL WELL	able for this de		or full 24 hours)				
j	Date First New Oil Run To Tanks	Date of Test	Producin	Method (Flow,	pump, gas lift	etc.)		
ĺ		11-25-75		Flow			'n /	
- 1	Length of Test	Tubing Pressure	Casing Pressure Chake S		Choke Silver	_ \		
			•			- 01	975	
ŀ	Actual Prod. During Test	Oil-Bbls.	Water - Bi	is.		Gan-Mantel &		
			121	COW				
							3	
	CAS WELL					** I		
r	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Co	densate/MMCF		Gravity of Condensate		
	1951 AOF 2143	3 hrs.						
-	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing P	ressure (Shut-i	n)	Choke Size		
	One Point Eack Press.	1088 PSIG		-		3/4		
L	·		 	1087 P				
VI.	CERTIFICATE OF COMPLIANC	E		OIL CO	NSERVA	TION COMMISSION	ŧ	
				ne i	147	5	10	
1	I hereby certify that the rules and re	egulations 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. D. H. Maroncelli (Signature)			BY_Original Signed by A. R. Kendrick				
4								
				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.				
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_								
Production Engineer All sections of this form mu					ist be filled out completely for allow-			
-	(Title) able on new and recompleted wells.							
	Fill out only Sections I II III, and VI for changes of							
-	(Dat	e)	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.

(Date)