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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

I. Operator
Northwest Pipeline Corporation
Address
P.O. Box 90 Farmington, New Mexico 87401
Reason(s) for filing (Check proper box)
New Well ☒ Change In Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change In Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
San Juan 30-5 Unit	54	Blanco Mesa Verde	State, Federal or XXXX	SF 078739
Location Unit Letter L ; 1770 Feet From The South Line and 790 Feet From The West Line of Section 28 Township 30N 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 East 30th Farmington, N.M. 87401	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Northwest Pipeline Corporation	3539 East 30th Farmington, N.M. 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rge.
		No

If this production is commingled with that from any other lease or pool, give commingling order number: NA

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
11-14-75	12-1-75	6174'	6128'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
6723' GR	Mesa Verde	5626'	6031'					
Perforations			Depth Casing Shoe					
5626' - 6074' w/27 shots			6161'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	216'	180					
8 3/4"	7"	3928'	160					
6 1/8"	4 1/2" Liner	Top 3782' - 6161'	215					
-----	2 3/8"	6031'	---					

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.)	
	12-8-75	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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
2127 AOF 2550	3 hrs.		3
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
One Point Back Press.	324 PSIG	1114 PSIG	3/4

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.

D. H. Maroncelli
D.H. Maroncelli
Production Engineer
(Title)
12-9-75
(Date)

OIL CONSERVATION COMMISSION
DEC 15 1975
APPROVED _____, 19____
BY Original Signed by A. R. Kendrick
TITLE SUPERVISOR LIST #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.