

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROBATION OFFICER	

I. Operator
Joseph B. Gould

Address
2829 East 2nd Avenue, Suite 212, Denver, Colorado 80206

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

New Well <input type="checkbox"/>	Change in Transporter of:	Gas pipeline connection add gas transporter
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input 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 Phillips 32	Well No. 2-E	Pool Name, including Formation West Lind. Gallup/Dak.	Kind of Lease State, Federal or Fee Federal	Lease No. Sf079549
Location Unit Letter 0 ; 330 Feet From The South Line and 2310 Feet From The East				
Line of Section 32 Township 25N Range 3W , 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 type="checkbox"/> Giant Refining Company	Address (Give address to which approved copy of this form is to be sent) Box 256, Farmington, N.M. 87499			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, N.M. 87499			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
Is gas actually connected?		When		
Yes		June 4, 1983		

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
Date Spudded Dec. 29, 1982	Date Compl. Ready to Prod. March 10, 1983		Total Depth 7960		P.B.T.D. 7910			
Elevations (D _H , Y, RT, CR, etc.) 7116 KB	Name of Producing Formation Gallup Dakota		Top Oil/Gas Pay 6810		Tubing Depth 7840			
Perforations 6810-6970 Gallup 7620-7862 Dakota					Depth Casing Shoe 7960			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
12 1/4		8-5/8		313		250		
7-7/8		4 1/2		7960		1000 2 stages		
		2-3/8		7840				

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 March 10, 1983	Date of Test March 10, 1983	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 12 hrs.	Tubing Pressure 250	Casing Pressure 800	Choke Size 2" open line
Actual Prod. During Test 800	Oil-Bbls. 600	Water-Bbls. 200	Gas-MCF 500 est.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate-MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Agent
June 6, 1983

APPROVED
Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 3

TITLE
DIST. 3 OIL CONSERVATION DIVISION

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 portions 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 Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED
JUN 7 1983
OIL CON. DIV.