Appropriate District Office DISTRICT I F.O. Box 1980, Hobbs, NM 88240

Ener ', Minerals and Natura' esources Department

DISTRICT # P.O. Drawer DD, Artesia, NM \$8210

OIL CONSERVATION DIVISION P.O. Box 2088

Saria Fe, New Mexico 8"504-2088

DISTRICT MI 1000 Rio Brizos Rd., Ariec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| PHILLIPS PETROLEUM COMPANY  |                                 |   |                      |             |  | 3003907507  |                            |                    |                |                    |  |
|---|---------------------------------|---|----------------------|-------------|--|---|----------------------------|--------------------|----------------|--------------------|--|
| 5525 HWY 64 NBU 3004  | , FARMIN                        | GTON,                                   | NEW M                | EXICO       | 87401  |   |                            |                    |                | •.                 |  |
| leason(s) for Filing (Check proper bo                                 | <b>E)</b>                       |   |                      |             | Op   | es (Please expl   | oin)                       |                    |                |                    |  |
| Now Well  |                                 | Change is                               |                      | _           |  |   |                            | •                  |                |                    |  |
| Recompletion 📙  | Oil .                           |   | Dry Cu               |             |  |   |                            |                    |                |                    |  |
| Change in Operator  | Casinghe                        | 24 Cas _                                | Conden               | mate 🔀      | . — . — . — . — . — . — . — . — . — . —                                  |   |                            |                    |                |                    |  |
| change of operator give same<br>ad address of previous operator       |                                 | <del></del>                             | <del></del>          |             | ··   |   |                            | <del></del>        |                |                    |  |
| I. DESCRIPTION OF WEI   | L AND LE                        | ASE                                     | <b>.</b>             |             |  |   |                            |                    | <del></del>    |                    |  |
| Losse Name  | Well No. Pool Name, Includi     |   |                      | State 1     |  |   | of Lease<br>Pederal or Pee | Les                | se No.         |                    |  |
| San Juan 29-5   | Unit                            | 5X                                      | I B                  | lanco       | Mesavo   | erde  |                            | 100000100          |                |                    |  |
| Location A  | . 10                            | 90                                      |                      | . — . N     | orth   | 109   | Θ -                        | et Prom The 🗍      | Zact           | Line               |  |
| Unit LetterA  | :                               | <u> </u>                                | _ rea re             | 130 🚉       | OI CII LIB   | 184 <u>100</u>  | × N                        | HET 5,1000 1100 77 | 16121          |                    |  |
| Section 33 Tow  | <b>whip</b> 29                  | N                                       | Range                | <u>5W</u>   | , N  | MPM, Ri   | <u>o Arri</u>              | .ba                |                | County             |  |
| II. DESIGNATION OF TR   | ANSPORT                         | er of o                                 | IL ANI               | NATU        | RAL GAS  |   |                            |                    |                |                    |  |
| lame of Authorized Transporter of Oil or Condensate                   |                                 |   |                      |             | Address (Give address to which approved copy of this form is to be sent) |   |                            |                    |                |                    |  |
|   | Meridian Oil Transporters, Inc. |   |                      |             |  | 3535 E. 30th. St., Farmington, NM 87401  Address (Give address to which approved copy of this form is to be sent) |                            |                    |                |                    |  |
| Name of Authorized Transporter of C<br>El Paso Natural G              |                                 |   | or Dry (             |             | Address (Un  | e eddress to w  | NICK approved              | copy of ma lo      | M G W Se Se    | •,                 |  |
| If well produces oil or liquids,                                      | Unit                            | Sec                                     | ITME                 | Res         | is gas actual  | y consected?  | When                       | 7                  |                |                    |  |
| location of tanks.  |                                 |   | <u> </u>             | <u> </u>    | Ĺ.   |   | i                          |                    |                |                    |  |
| f this production is commingled with                                  | hat from any o                  | her lease or                            | pool, give           | t comming   | ling order num   | ber:  |                            |                    |                |                    |  |
| V. COMPLETION DATA  | <del> </del>                    | Oil Wel                                 |                      | as Well     | New Well   | Workover  | Despea                     | Plug Back          | Same Res'v     | Diff Res'v         |  |
| Designate Type of Complete  |                                 |   |                      |             | i  |   |                            |                    |                | <u>i</u>           |  |
| Data Spudded  | Date Con                        | apl. Ready t                            | o Prod.              |             | Total Depth  |   |                            | P.B.T.D.           |                |                    |  |
|   |                                 | Producing F                             |                      |             | Top White  |   |                            | The on Dank        |                |                    |  |
| Elevations (DF, RKB, R1, GR, etc.)                                    | Name of the                     | LIOGOCIAN I                             |                      |             | 1.4.000  | ,   |                            | Tubing Depu        | •              |                    |  |
| Perforations  |                                 |   |                      |             |  |   |                            | Depth Casing       | Shot           |                    |  |
|   |                                 | = 15516                                 |                      |             | <del></del>  | NG BE008  |                            | <u> </u>           |                |                    |  |
| 10/ 5 6/75  |                                 | TUBING, CASING AND CASING & TUBING SIZE |                      |             |  | DEPTH SET   |                            |                    | SACKS CEMENT   |                    |  |
| HOLE SIZE   | HOLE SIZE                       |   | CASING & TUBING SIZE |             |  | DEFIN SET   |                            |                    |                |                    |  |
|   |                                 | <del></del>                             |                      |             |  |   |                            |                    |                |                    |  |
|   |                                 |   |                      |             |  |   |                            |                    |                |                    |  |
|   | IFOT FOR                        |   | ADIE                 |             | l  |   |                            | <u> </u>           |                |                    |  |
| V. TEST DATA AND REQU<br>OIL WELL (Test must be of                    | EST FUK                         | ALLUW<br>www.www.                       | ABLE<br>Allodo       | il and must | he amal to as  | exceed top all  | owable for the             | is desch or be f   | r full 24 hour | <b>3.</b> )        |  |
| Date First New Oil Rus To Tank  | Date of T                       |   | 9                    |             |  | ethod (Flow, p  |                            |                    | _ <del>_</del> |                    |  |
|   |                                 |   |                      |             |  |   |                            |                    |                |                    |  |
| Length of Test  | Tubing Pressure                 |   |                      |             | Casing Pressure  |   |                            |                    | GE             | AE                 |  |
| tual Prod. During Test Oil - Bbls.                                    |                                 |   |                      |             | Water - Bbla.  |   |                            | Cal PATE           |                |                    |  |
| Viting Line Same Lan  |                                 |   |                      |             |  |   |                            | JÙN 4              | 1991           |                    |  |
| GAS WELL  |                                 |   |                      |             |  |   |                            |                    | CO1            | D.IV.              |  |
| Actual Frod Test - MCF/D  |                                 |   |                      |             | Bbls. Condensate/MMCF  |   |                            | CANDE              | Lines in       | 1 <del>1</del> DIA |  |
|   |                                 |   |                      |             |  |   |                            | Choke Size         | DIST.          | 3                  |  |
| seting Method (pitot, back pr.)                                       | I moral to                      | Tubing Pressure (Shut-in)               |                      |             |  | Cating Pressure (Shut-ia)   |                            |                    |                |                    |  |
| VL OPERATOR CERTIF  | CATE O                          | F COM                                   | PIIAN                | CF          | 1  | <del></del>   |                            |                    |                |                    |  |
| I hereby certify that the rules and n                                 |                                 |   |                      | CD          |  | OIL COI   |                            | ATION I            |                | N                  |  |
| Division have been complied with and that the information gives above |                                 |   |                      |             |  |   | JU                         | IN 0 4 199         | 31             |                    |  |
| is true and complete to the best of                                   | my Enowicoge                    | mag devel.                              |                      |             | Date   | Approve   |                            | <del></del>        |                |                    |  |
| LEK.  | luna                            |   |                      |             |  |   | لمندلا                     | Cha                | _/             |                    |  |
| Signature   |                                 | 1                                       | D 1                  | T7          | By_  |   |                            | SOR DIST           | DICT #4        | <u> </u>           |  |
| L. E. Robinson  | on Sr. Drlg. & Prod.Engr.       |   |                      |             |  |   | OF ERVIS                   | JUR DIST           | mii PS         | •                  |  |
| 5-30-91   | (505)                           | F00 3                                   |                      |             | Title  | l   |                            |                    |                |                    |  |
| Date  | (505)                           | 599-3                                   | 412<br>ephone N      |             |  |   |                            |                    |                |                    |  |

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.