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

DISTRICT II P.O. Drawer D.D., Artesia, NM 88210

Ener , Minerals and Natura' esources Department

Revised 1-1-29 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION P.O. Box 2088

Saria Fe, New Mexico 8 504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 87410

<u>L</u>		TO TRA	<u>WS</u>	PO	RT OIL	AND N	IATL	IRAL G				<u> </u>			
Operator PHILLIPS PETROLEUM COM	stor HILLIPS PETROLEUM COMPANY										03907	•	.]		
Address 5525 HWY 64 NBU 3004,	FARMING	TON	NEU	ME	Y T C O	87401			k.	30	03907	303			
Reason(s) for Filing (Check proper box)	PARTING	, , , ,	NEW		VICO			Please expl	منعا					·	
Now Well		Charge is					•]	
Recompletion U	Oil Chrisebes	LI Lal Class □	Dry												
I change of operator give same	Catagoria		COB	OCT HI					 		· · · · · · · · · · · · ·				
and address of previous operator									······································						
II. DESCRIPTION OF WELL Losso Name	AND LEA		Bool	l Nem	. lacks	ing Formatio			- 1	V :- A .	41		7	- No	
San Juan 29-5 Uni						Mesaverde					of Lease Pederal or Pe	•	Les	se No.	
Location	000	`	*												
Unit LetterM	990)	. Fool	Prom	The	South	Line an	99	<u>u</u>	_ 7•	et Prom The	West		line	
Section 20 Townshi	29 N	1	Ran	20	5W	·············	NMP	И	Rio	Ar	riba			County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	П. А	ND	NATTI	RAT. GA	c								
Name of Authorized Transporter of Oil		or Condes				Address (C	Give ac				copy of this				
Meridian Oil Transport Name of Authorized Transporter of Casing		ic.									mington				
Williams Field Serv	ices	Compa	or D n y	س ريہ الل							copy of this j			9 84158-0	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Los	·Ţ	Rge	le gas actu								e Potte	
Weis production is commingled with that	from any oth	er lease or			omminel	ise celes s			L						
IV. COMPLETION DATA															
Designate Type of Completion	- 00	Oil Well	Ţ	Gus	Well	New We	a M	orkover	Dec	pea]	Plug Back	Same Res	`♥	Diff Res'v	
Date Spudded	Date Comp	al Ready to	Prod			Total Dept	<u>. </u>		L		P.B.T.D.	I			
The second of th				······································											
Elevations (DF, RKB, KT, GR, etc.)	Name of Pr	roducing Fo	HIDALİ	ice.		10p Cities	u řby				Tubing Dep	ů.		1	
Ferforetions						L					Depth Casi	g Shoe			
			<u> </u>								<u> </u>				
HOLE SIZE		SING & TL				CEMEN		PTH SET	<u>ט</u>			SACKS C	EME	NT	
											ļ				
		· ·				ļ						- 			
V. TEST DATA AND REQUES															
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Tes		of los	4 00 0	and must							for Juli 24	Nove	"	
	See Life Less on true to twee						Producing Method (Flow, pump, gas lift, at					DECEIVED			
Length of Test	Tubing Pressure					Cating Pressure					Cool Life		Mary (
Actual Frod. During Test	Oil - Bbls.					Water - Bbls.					Gu- MCF	JUN	4	1991.	
	<u> </u>					<u> </u>					L	· · · · · ·	YK		
GAS WELL	IV						· · · · ·	X A Del						DIV.	
Actual Frod. Test - MCF/D	Leagth of T	est				Bbls. Cond	den make	MMCF			Cravity of	Condental	31.	•	
Testing Method (pitot, back pr.)	Tubing Pres	ubing Pressure (Shut-in)					Casing Pressure (Shut-ia)				Choke Size				
	L					ļ						A 7 . 77.	,		
VI. OPERATOR CERTIFIC				-	E		Oll	COV	ISF	3 V/	ATION	DIVIS	10	, N	
I hereby certify that the rules and regula Division have been complied with and t	hat the infon	mation give					— ((. •	- • ·	
is true and complete to the best of my k	nowledge an	d belief.				Da	te A	pprove	d					·	
DED	1					H							•		
Signature L. E. Robinson	Sr. Dr	1 o f	Dec	od t		Ву			_{		0419	31			
Printed Name			Title		ugi.	Titl	۵				_/	,			
5-30-91 Deta	(505)		12			11 11/1	▼			-}-					
		Tala	phone	N.				10		•		7			

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 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.