

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87401-2088

See Instructions  
at Bottom of PageREQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

|                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------------------------------|
| Operator<br><b>PHILLIPS PETROLEUM COMPANY</b>                                                                                                                                                                                                                                                                                                                              |                       | Well APN No.                                              |
| Address<br><b>300 W ARRINGTON, SUITE 200, FARMINGTON, NM 87401</b>                                                                                                                                                                                                                                                                                                         |                       |                                                           |
| Reason(s) for Filing (Check proper box)<br>New Well <input type="checkbox"/> Change in Transporter of:<br>Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/><br>Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain) |                       |                                                           |
| If change of operator give name and address of previous operator <b>Northwest Pipeline Corp., 3535 E. 30th, Farmington, NM 87401</b>                                                                                                                                                                                                                                       |                       |                                                           |
| <b>II. DESCRIPTION OF WELL AND LEASE</b>                                                                                                                                                                                                                                                                                                                                   |                       |                                                           |
| Lease Name<br><b>San Juan 29-6 Unit</b>                                                                                                                                                                                                                                                                                                                                    | Well No.<br><b>21</b> | Pool Name, including Formation<br><b>Blanco Mesaverde</b> |
| Kind of Lease<br><b>State, Federal or Private</b>                                                                                                                                                                                                                                                                                                                          | Lease No.             |                                                           |
| Location<br>Unit Letter <b>A</b> Section <b>900</b> Township <b>North</b> Range <b>840</b> East<br>Section <b>11</b> Township <b>29N</b> Range <b>6W</b> <b>NM 87401</b> Rio Arriba County                                                                                                                                                                                 |                       |                                                           |

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

|                                                                                     |                                                                            |                                                                                                                         |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil<br><b>Gary Energy</b>                         | <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent)<br><b>P.O. Box 159, Bloomfield, NM 87413</b>   |
| Name of Authorized Transporter of Casinghead Gas<br><b>Northwest Pipeline Corp.</b> | <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>    | Address (Give address to which approved copy of this form is to be sent)<br><b>P.O. Box 58900, SLC, Utah 84158-0900</b> |
| If well produces oil or brine, give location of tanks.                              | Unit                                                                       | Sec.                                                                                                                    |
|                                                                                     | Top                                                                        | Rge.                                                                                                                    |
|                                                                                     |                                                                            | Is gas actually connected?                                                                                              |
|                                                                                     |                                                                            | When? Attn: Claire Potter                                                                                               |

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                    | Gas Well | New Well        | Work over | Deepen            | Plug Back | Same Res't | Out Res't |
| Date Spudded                               | Date Compl. Ready to Prod.  |          | Total Depth     |           | P.R.T.D.          |           |            |           |
| Elevations (D.F., R.K.B., RT, GR, etc.)    | Name of Producing Formation |          | Top Oil/Gas Pay |           | Tubing Depth      |           |            |           |
| Perforations                               |                             |          |                 |           | Depth Casing Shoe |           |            |           |
| <b>TUBING, CASING AND CEMENTING RECORD</b> |                             |          |                 |           |                   |           |            |           |
| HOLE SIZE                                  | CASING & TUBING SIZE        |          | DEPTH SET       |           | SACKS CEMENT      |           |            |           |
|                                            |                             |          |                 |           |                   |           |            |           |
|                                            |                             |          |                 |           |                   |           |            |           |
|                                            |                             |          |                 |           |                   |           |            |           |

**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 Tank | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |
|                                | Tubing Pressure | Casing Pressure                               |
| Actual Prod. During Test       | Oil - Bbls.     | Water - Bbls.                                 |

**GAS WELL**

|                                  |                           |                           |                    |
|----------------------------------|---------------------------|---------------------------|--------------------|
| Actual Prod. Test - MCF/D        | Length of Test            | Bbls. Condensate/MCF      | Oil Cons. - DIV. 1 |
| Flowing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | DIST. 3            |
|                                  |                           |                           | Choke Size         |

**VI. OPERATOR 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.

*L. E. Robinson*  
Signature  
**L. E. Robinson** Sr. Drlg. & Prod. Engr.  
Printed Name  
**APR 01 1991** (505) 599-3412 Title  
Date Telephone No.

**OIL CONSERVATION DIVISION****APR 01 1991**

Date Approved

By

*Sam D. Shauf***SUPERVISOR DISTRICT #3**

Title

**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.