

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT III  
1000 E. Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

**I. OPERATOR**

Operator: PHILLIPS PETROLEUM COMPANY  
Well API No. \_\_\_\_\_

Address: 300 W. Arrington, Suite 200, FARMINGTON, NM 87401

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

New Well  Change in Transporter of:  Oil  Dry Gas

Recompletion  Casinghead Gas  Condensate

Change in Operator

If change of operator gives same and address of previous operator: Northwest Pipeline Corp., 3535 E. 30th Farmington, NM 87401

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name SAN JUAN 29-5 Unit	Well No. 65	Pool Name, including Formation BASIN DAKOTA	Kind of Lease State, Federal or Ret	Lease No.
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Location: Unit Letter M : 1100 Feet From The South Line and 1180 Feet From The West Line

Section 28 Township 29N Range 5W NMPM Rio Arriba County

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

Name of Authorized Transporter of Oil  or Condensate  Address (Give address to which approved copy of this form is to be sent)  
Gary Energy P.O. Box 159, Bloomfield, NM 87413

Name of Authorized Transporter of Casinghead Gas  or Dry Gas  Address (Give address to which approved copy of this form is to be sent)  
~~El Paso Natural Gas Co.~~ *North Pipeline*

If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rgn. Is gas actually connected? When?

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	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			F.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations				Depth Casing Shoe				

**TUBING, CASING AND CEMENTING RECORD**

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.)
Length of Test	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	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

RECEIVED  
APR 01 1991

OIL CON. DIV.  
DIST. 3

**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. Dir. & Prod. Eng.  
Printed Name  
Date APR 01 1991  
Telephone No. (505) 599-3412

**OIL CONSERVATION DIVISION**

Date Approved APR 01 1991

By *[Signature]*  
Title SUPERVISOR DISTRICT #3

- 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.