

OIL CONSERVATION DIVISION

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Phillips Petroleum Company	Well API No. 30-039-24604
Address 300 W. Arrington, Suite 200 , Farmington, New Mexico 87401	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 29-5 Unit	Well No. 213	Pool Name, Including Formation Basin Fruitland Coal Gas	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location Unit Letter <u>M</u> : <u>1165</u> Feet From The <u>south</u> Line and <u>1145</u> Feet From The <u>west</u> Line Section <u>22</u> Township <u>29N</u> Range <u>5W</u> , 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"/> none	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 58900, Salt Lake City, Ut. 84158					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
					no	

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
		X	X					
Date Spudded 2-15-90	Date Compl. Ready to Prod. perf'd 3-14-90		Total Depth 3664'		P.B.T.D. 3650'			
Elevations (DF, RKB, RT, GR, etc.) 6699' GR,	Name of Producing Formation Fruitland		Top Oil/Gas Pay 3460'		Tubing Depth 3633'			
Perforations 3460'-3644' (total of 133 shots - 63')					Depth Casing Shoe 3429'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8" 36# K-55		275'		150 sx Class "B"			
8-3/4"	7" 23# J-55		3429'		400 sx "B" 65/35 Poz +			
					100 sx Class "B"			
7"	5-1/2" liner		3664'		50 sx Class "B"			

V. TEST DATA AND REQUEST FOR ALLOWABLE 2-7/8" 6.4# tbg set @ 3633'

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 950	Length of Test 1 hr.	Bbls. Condensate/MMCF	Gravimetric Condensate
Testing Method (pilot, back pr.) pilot	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) 1150	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.

J. M. Maples  
Signature  
J. M. Maples, Asst. Regulation & Proration  
Printed Name  
April 4, 1990  
Date  
915/367-1411  
Telephone No.

OIL CONSERVATION DIVISION

APR 26 1990

Date Approved

By

Burt D. Chang

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.

RECEIVED  
JUN 10 1964  
U.S. AIR FORCE  
HONOLULU, HI