Subm.' 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

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

## **OIL CONSERVATION DIVISION**

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

Operator								Well API No.			
Phillips Petroleum Company								30-039- 24606			
Address											
300 W. Arrington, Sui	te 200	. Far	min	gton, Ne	ew Mexic	o 87401					
Reason(s) for Filing (Check proper box)		,		<u> </u>		es (Please expla	in)				
New Well		Chance in	Trans	norter of		(					
Recompletion	Change in Transporter of:  Oil Dry Gas									Ì	
·	hange in Operator Casinghead Gas Condensate										
If change of operator give name	Canada		-								
and address of previous operator											
II. DESCRIPTION OF WELL	ANDIE	A CIF									
Lease Name				Name Jackydi	luding Formation			Kind of Lease No.			
(A)		214 Basin Frui				oal Cae		State, Federal of Fee			
San Juan 29-6 Unit	<del></del>	ZI4 Dashi IIu			retaild dod't das						
Location	970				owth	115	2		oaat		
Unit Letter A	_ : <u>    879</u>	·	Feat 1	From The $\frac{1}{2}$	Lin Lin	and	<u></u> Fe	et From The.	east	Line	
				<i>(</i>				D: - A	مالم		
Section 3 Townshi	<u> 29N</u>		Rang	• 6W	, N	MPM,		Rio Ar	cida	County	
III. DESIGNATION OF TRAN	SPORTE			ND NATU	RAL GAS Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Oil	or Conder	neste		Address (Giv	e address to wi	uch approved	copy of inis )	OFFILES NO DE SA	ent)		
none											
Name of Authorized Transporter of Casin		or Di	y Gas 🔀	l .			copy of this form is to be sent)				
Northwest Pipeline Con	rthwest Pipeline Corporation				P. O. Box 58900, Salt				ty, Ut 8	84158	
If well produces oil or liquids,	Unit Sec. Twp.			Rge.	is gas actually connected? When			7			
give location of tanks.	↓		<u> </u>		no	· · · · · · · · · · · · · · · · · · ·		<del></del>			
If this production is commingled with that	from any od	her lease or	pool, p	give comming!	ing order numi	ber:					
IV. COMPLETION DATA	<del></del>							·			
D 1	<b>a</b> n	Oil Well	ı	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion				X	X	L	<u>l</u>	Ļ	<u> </u>	_ <b>!</b> {	
Date Spudded	Date Com	pl. Ready to	o Prod.		Total Depth			P.B.T.D.			
2-25-90	perf'd 3-18-90				3305			33031			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
639 GR Fruitland					3111'			3261'			
Perforations								Depth Casir	ig Shoe		
3111'-3300' (total 480 shots - 114')									3092'		
<u> </u>		TUBING.	CAS	ING AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
12-1/4''	9-5	9-5/8" 36# K-55			248 '			250 sx Class "B"			
8-3/4''	7''		# K-			30921		500 s	c Class	<u>''B'' 65/35</u>	
	†		и							Class ''B'	
, 7"	5-1/2" 23# liner				3305'			not cmt'd			
V. TEST DATA AND REQUE						tbg set	@ 3261				
OIL WELL (Test must be after t					be equal to or	exceed top all	owable for th	is depth or be	for full 24 hos	ws.)	
Date First New Oil Run To Tank	Date of To				Producing M	ethod (Flow, p	ump, gas lift,	esc.)			
Date of 16th Children 10 1mm							,	- <i>1</i> 2 A			
Length of Test	Tubing Pressure				Casing Pressure			) <b>Date</b> 3	RIV	P III	
	100126					1					
Actual Prod. During Test	4		·	Water - Bbls	t	MCE O A 1000					
, some 1 ton 5 and 1 to	•						APR 0 6 1990				
								011 0	ONL D	<u> </u>	
GAS WELL					15. 6			OIL CON. DIV			
Actual Prod. Test - MCF/D	1 -	Length of Test			Bbls. Condensate/MMCF			Gravity of Godensage			
4700	1	1 hr.									
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	1		
pitot	<u> </u>				1040			<u> </u>			
VI. OPERATOR CERTIFIC	ATE O	F COMI	PLIA	NCE				471011	D. // O./	221	
I hereby certify that the rules and regulations of the Oil Conservation					(	OIL COM	NSEHV	AHON	DIVISIO	N	
Division have been complied with and that the information given above					ii ii			ADD	26 1990		
is true and complete to the best of my knowledge and belief.					Date	Approve	d	AF IV	& <b>0</b> 1330		
(V)	,				Dale	Approve			A	<del></del>	
Th/Misses					_		ユ	(بن	$\mathcal{A}$		
Signature					By_			<u></u> -	Y		
J./L. Maples, Asst. Regulation & Proration							SUF	PERVISOR	R DISTRI	CT #3	
Printed Name			Title		Title	<b>!</b>				p 4#	
April 4, 1990	915/36				'						
Date		Tel	lephon	No.	11						

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.