

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

<b>I. Operator</b> PHILLIPS PETROLEUM COMPANY		<b>Well API No.</b> 30-039-24608
<b>Address</b> 5525 Hwy 64, NBU 3004, Farmington, NM 87401		
<b>Reason(s) for Filing (Check proper box)</b> New Well <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input checked="" 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**

<b>Lease Name</b> San Juan 29-6 Unit	<b>Well No.</b> 219	<b>Pool Name, Including Formation</b> Basin Fruitland Coal	<b>Kind of Lease</b> State, Federal or Fee	<b>Lease No.</b> Fee
<b>Location</b> Unit Letter <u>G</u> : <u>1559</u> Feet From The <u>North</u> Line and <u>1848</u> Feet From The <u>East</u> Line Section <u>10</u> Township <u>29N</u> Range <u>6W</u> , <u>NMPM</u> , <u>Rio Arriba</u> County				

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

<b>Name of Authorized Transporter of Oil</b> <input type="checkbox"/> or Condensate <input type="checkbox"/>		<b>Address (Give address to which approved copy of this form is to be sent)</b>	
<b>Name of Authorized Transporter of Casinghead Gas</b> <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		<b>Address (Give address to which approved copy of this form is to be sent)</b>	
Williams Field Service		P.O. Box 58900, Salt Lake City, UT 84158-0900	
<b>If well produces oil or liquids, give location of tanks.</b>	<b>Unit</b>	<b>Sec.</b>	<b>Twsp.</b>
<b>Is gas actually connected?</b>		<b>When?</b>	

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

**IV. COMPLETION DATA**

<b>Designate Type of Completion - (X)</b>	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input type="checkbox"/> Diff Res'v
<b>Date Spudded</b>	<b>Date Compl. Ready to Prod.</b>		<b>Total Depth</b>		<b>P.B.T.D.</b>			
<b>Elevations (DF, RKB, RT, GR, etc.)</b>	<b>Name of Producing Formation</b>		<b>Top Oil/Gas Pay</b>		<b>Tubing Depth</b>			
<b>Perforations</b>					<b>Depth Casing Shoe</b>			
<b>TUBING, CASING AND CEMENTING RECORD</b>								
<b>HOLE SIZE</b>	<b>CASING &amp; TUBING SIZE</b>		<b>DEPTH SET</b>		<b>SACKS CEMENT</b>			

**V. TEST DATA AND REQUEST FOR ALLOWABLE**

<b>OIL WELL</b> (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.)		<b>Producing Method (Flow, pump, gas lift, etc.)</b>	
<b>Date First New Oil Run To Tank</b>	<b>Date of Test</b>		
<b>Length of Test</b>	<b>Tubing Pressure</b>	<b>Casing Pressure</b>	<b>Choke Size</b>
<b>Actual Prod. During Test</b>	<b>Oil - Bbls.</b>	<b>Water - Bbls.</b>	<b>Gas - MCF</b>

**GAS WELL**

<b>Actual Prod. Test - MCF/D</b>	<b>Length of Test</b>	<b>Bbls. Condensate/MMCF</b>	<b>Gravity of Condensate</b>
<b>Testing Method (pilot, back pr.)</b>	<b>Tubing Pressure (Shut-in)</b>	<b>Casing Pressure (Shut-in)</b>	<b>Choke Size</b>

**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.

Signature [Signature] Environmental Engineer  
Printed Name Ed Basely Title (505) 599-2460  
Date \_\_\_\_\_ Telephone No. \_\_\_\_\_

**OIL CONSERVATION DIVISION**

Date Approved JAN 19 1993

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.