

**OIL CONSERVATION DIVISION**

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

I.

Operator <b>Phillips Petroleum Company</b>	Well API No. 30-039- 24682
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 <b>San Juan 29-6 Unit</b>	Well No. 225	Pool Name, Including Formation Basin Fruitland Coal Gas	Kind of Lease <del>State</del> Federal or Fed	Lease No. SF-078278
Location Unit Letter <u>L</u> : <u>1390</u> Feet From The <u>south</u> Line and <u>1305</u> Feet From The <u>west</u> Line Section <u>13</u> Township <u>6N</u> Range <u>6W</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 ? Attn: Patt Rodgers
	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 4-21-90	Date Compl. Ready to Prod. perf'd 5-13-90		Total Depth 3670'		P.B.T.D. 3653'			
Elevations (DF, RKB, RT, GR, etc.) -6531' GR 6746	Name of Producing Formation Fruitland		Top Oil/Gas Pay 3444'		Tubing Depth 3624'			
Perforations 3444'-3648'					Depth Casing Shoe 3420'			
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8" 36# K-55		318'		250 sx Class "B". Circ 100sx			
8-3/4"	7" 23# J-55		3420'		500 sx 65/35 Poz + 150 sx "B"			
7" & 6-1/4"	5-1/2" 15.5# P-110 liner		3653'		not cemented			
5-1/2"	2-7/8" 6.5#		3624'					

**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 n/a	Date of Test ---	Producing Method (Flow, pump, gas lift)	<b>RECEIVED</b> JUN 5 1990 OIL CON. DIV DIST. 3
Length of Test ---	Tubing Pressure ---	Casing Pressure ---	
Actual Prod. During Test ---	Oil - Bbls. ---	Water - Bbls. ---	

**GAS WELL**

Actual Prod. Test - MCF/D 3400	Length of Test 1 hr	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pitot, back pr.) Pitot	Tubing Pressure (Shut-in) 900	Casing Pressure (Shut-in) 1225	Choke Size 2"

**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. M. Sanders  
Signature  
L. M. Sanders, Supv., Regulatory Affairs  
Printed Name  
May 25, 1990  
Date  
505/599-3431  
Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved JUN 18 1990  
By [Signature]  
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.