

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 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Phillips Petroleum Company		Well API No. 30-039- 24726
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 29-6 Unit	Well No. 215	Pool Name, including Formation Basin Fruitland Coal Gas	Kind of Lease State, Federal or Foreign	Lease No. SF-078278
Location Unit Letter <u>N</u> : <u>803</u> Feet From The <u>south</u> Line and <u>1523</u> Feet From The <u>west</u> Line Section <u>3</u> Township <u>29N</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? yes	When ? Attn: Patt Rodgers 5-18-90
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 4-09-90	Date Compl. Ready to Prod. perf'd 5-01-90		Total Depth 3385' KB			P.B.T.D. 3376		
Elevations (DF, RKB, RT, GR, etc.) 6487' GR	Name of Producing Formation Fruitland		Top Oil/Gas Pay 3202'			Tubing Depth 3346'		
Performations 3202-3354' (total 66' & 264 shots)						Depth Casing Shoe 3374'		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8" 36# K-55	287'	250 sx Class "B". Circ 140sx
8-3/4"	7" 23# J-55	3169	500 sx 65/35 Poz + 150 sx "E" 140sx
7"	5-1/2" 23# P-110 liner	3374'	not cemented
5-1/2"	2-7/8" 6.5#	3346'	

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, etc.) ---
Length of Test ---	Tubing Pressure ---	Casing Pressure ---
Actual Prod. During Test	Oil - Bbls. ---	Water - Bbls. ---

GAS WELL

Actual Prod. Test - MCF/D 1755	Length of Test 1 hr	Bbls. Condensate/MMCF ---	Gravity DISP <u>2</u>
Testing Method (pitot, back pr.) Pitot	Tubing Pressure (Shut-in) 1500	Casing Pressure (Shut-in) 1520	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 11 1990
By ORIGINAL SIGNED & TRUMP BUSCH
Title DEPUTY OIL & GAS INSPECTOR

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.