

DISTRICT I
P.O. Box 1960, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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

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REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator PHILLIPS PETROLEUM COMPANY	Well API No. 30-039-24759
Address 300 W. ARRINGTON, SUITE 200, FARMINGTON, NM 87401	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> <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. 224	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Free	Lease No. SF-078278
Location Unit Letter B : 920 Feet From The North Line and 1275 Feet From The East Line Section 13 Township 29N Range 6W , 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 Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 58900, Salt Lake City, UT 84158-0900
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When? Attn: Claire Potter
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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input type="checkbox"/> Diff Res'v <input type="checkbox"/>		
Date Spudded 6-17-90	Date Compl. Ready to Prod. Perf'd 3-20-91	Total Depth 3497'	P.B.T.D. 3495'
Elevations (DF, RKB, RT, GR, etc.) 6599' GL (Prepared)	Name of Producing Formation Fruitland	Top Oil/Gas Pay 3338'	Tubing Depth 3485'
Performances 3338' - 3486'		Depth Casing Shoe	
TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8", 36#, K-55	273'	250 Sx C1 B, Circ 85 Sx
8-3/4"	7", 23#, J-55	3309'	500 Sx 65/35 Poz, 150 Sx
6-1/8"	5-1/2", 23#, P110	3496'	C1 B, Circ 195 Sx
	2-3/8", 4.7#	3485'	

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	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.
		CHOKE SIZE MAR 26 1991 OIL CON. DIV.

GAS WELL			
Actual Prod. Test - MCF/D 1690	Length of Test 1 Hr.	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pitot, back pr.) Pitot	Tubing Pressure (Shut-in) 700	Casing Pressure (Shut-in) 1300	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.	
Signature K.A. Allred	Drilling Supervisor
Printed Name 3-25-91	Title (505) 599-3412
Date	Telephone No.

OIL CONSERVATION DIVISION	
APR 24 1991	
Date Approved	
By	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.