

## 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. 30-039-24767
Address 5525 HWY 64 NBU 3004, 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: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Operator <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. 260	Pool Name, Including Formation BASIN FRUITLAND COAL	Kind of Lease State, Federal or Fee	Lease No. E-289-38
Location Unit Letter <u>G</u> : <u>1720</u> Feet From The <u>North</u> Line and <u>1436</u> Feet From The <u>East</u> Line Section <u>16</u> Township <u>29N</u> Range <u>6W</u> , <u>NMPM</u> 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"/> WILLIAMS FIELD SERVICES.	Address (Give address to which approved copy of this form is to be sent) PO BOX 58900, SALT LAKE CITY, UTAH 84158					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
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 9-18-92	Date Compl. Ready to Prod. 10-16-92	Total Depth 3428'	P.B.T.D. 3428'					
Elevations (DF, RKB, RT, GR, etc.) 6585' GL	Name of Producing Formation Fruitland	Top Oil/Gas Pay 3387'	Tubing Depth 3413'					
Performances 3387' - 3422'			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	282'	200 Sx Cl B, Circ 95 Sx
8-3/4"	7", 23#, J-55	3290'	575 Sx Cl B, Circ 91 Bbls
6-1/4"	5-1/3", 23#	3428'	
	2-3/8", 4.7#	3413'	

### 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)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size NOV 2 1992
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	GAS MCF OIL CON. DIV DIST. 3

### GAS WELL

Actual Prod. Test - MCF/D 2205	Length of Test 1 Hr.	Bbls. Condensate/D	Gravity of Condensate
Testing Method (pitot, back pr.) Pitot	Tubing Pressure (Shut-in) 100	Casing Pressure (Shut-in) 1000	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  
R. A. Allred Drilling Supervisor  
Printed Name  
10-30-92 (505) 599-3412 Title  
Date Telephone No.

### OIL CONSERVATION DIVISION

Date Approved NOV 12 1992

By Barry Chang  
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.