

OIL CONSERVATION DIVISION

DISTRICT II  
P.O. Drawer DD, Aracala, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator PHILLIPS PETROLEUM COMPANY	Well APN No. 30-039-24804
Address 300 W. ARRINGTON, SUITE 200, FARMINGTON, NM 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. 237	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease BULK; Federal or P.O.	Lease No. NM-012698
Location Unit Letter <u>B</u> : <u>1189</u> Feet From The <u>North</u> Line and <u>1106</u> Feet From The <u>East</u> Line Section <u>1</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"/> 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.	Unit	Sec.	Trp.	Rge.	Is gas actually connected?	When? Attn: Patt Rodgers

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 9-4-90	Date Compl. Ready to Prod. Perf'd 2-2-91		Total Depth 3396'		P.B.T.D. 3396'			
Elevations (DF, RCB, RT, GR, etc.) 6539' GL	Name of Producing Formation Fruitland		Top Oil/Gas Pay 3244'		Tubing Depth 3377'			
Perforations					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		260'		250 Sx C1 B, Circ 105 Sx			
8-3/4"	7", 23#, J-55		3235'		500 Sx 65/35 Poz. 150 Sx C1 B			
6-1/4"	5-1/2", 23#, P110		3396'		Circ 146 Sx			
	2-3/8", 4.7#		3377'					

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.)
		Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

RECEIVED  
MCF  
FEB 27 1991

GAS WELL

Actual Prod. Test - MCF/D 2573	Length of Test 1 Hr.	Bbls. Condensate/MCF 10 Wtr	Gravity of Condensate DIST. 3
Testing Method (pilot, back pr.) Pitot	Tubing Pressure (Shut-in) 1250	Casing Pressure (Shut-in) 1250	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 correct to the best of my knowledge and belief.

Signature  
R. A. Allred  
Printed Name  
Drilling Supervisor  
(505) 599-3412  
Title  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 28 1991

By ORIGINAL SIGNED BY ERNIE BUSCH

Title DEPUTY OIL & GAS INSPECTOR, DIST. #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.