

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. 30-039-24931
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. 205	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State, Federal or P&G	Lease No. NM-03040
Location Unit Letter <u>K</u> : <u>1670</u> Feet From The <u>South</u> Line and <u>1433</u> Feet From The <u>West</u> Line Section <u>21</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"/> <u>Williams Field Services Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 58900, Salt Lake City, UT 84158-0900</u>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rgn.
	Is gas actually connected? <u>When?</u> Attn: <u>Claire Potter</u>	

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 12-9-90	Date Compl. Ready to Prod. Perf'd 3-28-91		Total Depth 3290'		P.B.T.D. 3288'			
Elevations (DF, RKB, RT, GR, etc.) 6407' GL 6412	Name of Producing Formation Fruitland		Top Oil/Gas Pay 3168'		Tubing Depth 3273'			
Performances 3168' - 3286'					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	278'	250 Sx C1 B, Circ 117 Sx
8-3/4"	7", 23#, J-55	3151.78'	500 Sx 65/35 Poz, 150 Sx
6-1/4"	5-1/2", 23#, P110	3289'	C1 G, Circ 146 Sx
	2-3/8", 4.7#	3273'	

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.

**RECEIVED**  
APR 08 1991

GAS WELL

Actual Prod. Test - MCF/D 2796	Length of Test 1 Hr.	Bbls. Condensate/MCF 300	Gravity of Condensate DIST. 3
Testing Method (pilot, back pr.) Pitot	Tubing Pressure (Shut-in) 1150	Casing Pressure (Shut-in) 1350	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.

R. A. Allred  
Signature  
R. A. Allred Drilling Supervisor  
Printed Name  
4-5-91 (505) 599-3412 Title  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 28 1991

By Original Signed by FRANK T. CHAVEZ

Title SUPERVISOR DISTRICT # 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.