Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

See Instructions at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: Phillips Petroleum Company	Well API No.: 30-039-24932
Address: 300 W. Arrington, Suite 200, Farmington, NM 87401	

Reason(s) for Filing (Check proper box) — Other (Please explain) ☐

New Well ☐ — Change in Transporter of: Oil ☐ Dry Gas ☒
Recompletion ☐ — Casinghead Gas ☐ Condensate ☐
Change in Operator ☐

If change of operator give name and address of previous operator ______

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
San Juan 29-6 Unit	240	Basin Fruitland Coal		SF-078426

Location
Unit Letter H : 2477 Feet From The North Line and 865 Feet From The East Line
Section 18 Township 29N Range 6W, NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐: None	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒: Williams Field Services Company	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. / Twp. / Rge.	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE
(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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

RECEIVED
APR 15 1991
OIL CON. DIV.
DIST. 3

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
L. E. ...
Printed Name: Sr. Drlg. & Prod. Engr
Title
Date: (505)599-3412
Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 15 1991

By [signature]

SUPERVISOR DISTRICT #3

Title ______

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104.
... well must be accompanied by tabulation of deviation tests taken in accordance ...
... allowable on new and recompleted wells.
... of operator, well name or number, transporter, or other such changes.
... multiply completed wells.