

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

OIL CONSERVATION DIVISION

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

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. 30-039-24933
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. 241	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No. SF-078426
Location Unit Letter <u>A</u> : <u>803</u> Feet From The <u>North</u> Line and <u>1152</u> Feet From The <u>East</u> Line Section <u>19</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.
	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
		X	X					
Date Spudded 12-17-90	Date Compl. Ready to Prod. Perf'd 2-21-91	Total Depth 3275'		P.B.T.D. 3275'				
Elevations (DF, RKB, RT, GR, etc.) 6444' GL 6444'	Name of Producing Formation Fruitland	Top Oil/Gas Pay 3128'		Tubing Depth 3246'				
Perforations 3128' - 3268'				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	291'		250 Sx Cl B Circ 90 Sx				
8-3/4"	7", 23#, J-55	3092.26'		500 Sx 65/35 Poz. 150 Sx				
6-1/4"	5-1/2", 23#, P110	3274'		Cl B, Circ 214 Sx				
	2-3/8", 4.7#, J-55	3246'						

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.)	RECEIVED MAR 22 1991 OIL CON. DIV DIST. 3
		Casing Pressure	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

GAS WELL

Actual Prod. Test - MCF/D 3311	Length of Test 1 Hr.	Bbls. Emulsion - MCF/D 100/Wtr	Gravity of Condensate
Testing Method (pilot, back pr.) Pitot	Tubing Pressure (Shut-in) 1150	Casing Pressure (Shut-in) 1170	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
Printed Name
R. A. Allred
Date
3-21-91
Title
Drilling Supervisor
(505) 599-3412
Telephone No.

OIL CONSERVATION DIVISION

APR 26 1991

Date Approved
By
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.