

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210DISTRICT III  
1000 K & Brazos Rd., Aztec, NM 87410

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator PHILLIPS PETROLEUM COMPANY		Well API No. 30-039-24990
Address 5525 Hwy 64 NBU 3004, 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 29-5 UNIT	Well No. 224	Pool Name, Including Formation BASIN FRUITLAND COAL	Kind of Lease State, Federal or Foreign	Lease No. NM-80162
Location				
Unit Letter M	: 1293	Feet From The South	Line and 736	Feet From The West
Section 23	Township 29N	Range 5W	NMPM,	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"/>	Address (Give address to which approved copy of this form is to be sent)	
NONE		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
WILLIAMS FIELD SERVICES CO.	P.O. BOX 58900, SALT LAKE CITY, UT 84158-0900	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Typ.	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 10-31-90	Date Compl. Ready to Prod. 6-21-92	Total Depth 3925'	P.B.T.D. 3900'					
Elevations (DF, RKB, RT, GR, etc.) 6906' GL	Name of Producing Formation Fruitland	Top Oil/Gas Pay 3646'	Tubing Depth 3804'					
Perforations 3646'-3726' 3808'-3847'			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	284.51'	250 Sx C1B, Circ 126 Sx					
8-3/4"	5-1/2", 15.5#, J-55	3924.75'	1st-35 Sx 65/35 Poz, 142					
	2-3/8", 4.7#	3804'	Sx C1B, Circ 105 Sx					
			2nd-671 Sx 65/35 Poz, 60 Sx					
			C1B, Circ 158 Sx					

## 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 and for full 24 hours)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	RECEIVED JUL 21 1992 OIL CON. DIV DIST. 3
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

## GAS WELL

Actual Prod. Test - MCF/D No Test	Length of Test 1 hr.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 0	Casing Pressure (Shut-in) 1050	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  
7-20-92 (505) 599-3412  
Date Telephone No.

## OIL CONSERVATION DIVISION

Date Approved JUL 24 1992

By *[Signature]*  
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.