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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

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	Well API No.
PHILLIPS PETROLEUM COMPANY	30-039-25075

Address: 5525 HWY 64 NBU 3004, FARMINGTON, NEW MEXICO 87401

Reason(s) for Filing (Check proper box)
- New Well [X]
- Recompletion [ ]
- Change in Operator [ ]

Change in Transporter of:
- Oil [ ] Dry Gas [ ]
- Casinghead Gas [ ] Condensate [ ]

[ ] Other (Please explain): AMENDED REPORT (COAL INTERVALS)

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 Juan29-5 Unit	231	BASIN FRUITLAND COAL		SF-078642

Location: Unit Letter K : 1743 Feet From The South Line and 1432 Feet From The West Line

Section 5 Township 29N Range 5W, NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
NONE	
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]	Address (Give address to which approved copy of this form is to be sent)
WILLIAMS FIELD SERVICES	PO BOX 58900, SALT LAKE CITY, UTAH 84158

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9-13-92	10-13-92	3459'	3459'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
6628' GL	Fruitland	3340'	3300' KB
Perforations			**Depth Casing Shoe**
Open Hole Coal Interval 3340'-3459'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8", 36#, K-55	284'	200 Sx Cl G, Circ 102 Sx
8-3/4"	7", 23#, J-55	3309'	424 Sx 65/35 Poz, 150 Sx
6-1/4"	Open Hole		Cl G, Circ 52 Bbls
	2-3/8", 4.7#	3300'	

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.**
-------	------	-------

Choke Size: ----- JAN 28 1993

Gas- MCF: ----- OIL CON. DIV. DIST. 3

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
54	1 Hr.	0	
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Pitot	200	1500	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.

Gail Bearden for R.A. Allred
Signature

R. A. Allred — Drilling Supervisor
Printed Name — Title

1-26-93 — (505) 599-3412
Date — Telephone No.

OIL CONSERVATION DIVISION

Date Approved: JAN 28 1993

By: Original Signed by CHARLES GHOLSON

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.

Submit 5 Copies
Appropriate District Office
DISTRICT I
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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

STATE OF NEW MEXICO
Energy, Minerals and Natural Resources Department

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
PHILLIPS PETROLEUM COMPANY	30-039-25075

Address: 5525 HWY 64 NBU 3004, FARMINGTON, NEW MEXICO 87401

Reason(s) for Filing (Check proper box)
- New Well [X]
- Recompletion [ ]
- Change in Operator [ ]
- Other (Please explain) [ ]

Change in Transporter of:
- Oil [ ]
- Dry Gas [ ]
- Casinghead Gas [ ]
- Condensate [ ]

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 29-5 UNIT	231	BASIN FRUITLAND COAL		SF-078643

Location
Unit Letter K : 1743 Feet From The South Line and 1432 Feet From The West Line
Section 5 Township 29N Range 5W, NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate	Address (Give address to which approved copy of this form is to be sent)
NONE	
Name of Authorized Transporter of Casinghead Gas or Dry Gas [X]	Address (Give address to which approved copy of this form is to be sent)
WILLIAMS FIELD SERVICES	PO BOX 58900, SALT LAKE CITY, UTAH 84158

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9-13-92	10-7-92	3459'	3459'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
6628' GL	Fruitland	3340'	3300' KB
Perforations			**Depth Casing Shoe**
Open Hole 3340 - 3459			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8", 36#, K-55	284'	200 Sx Cl G, Circ 102 Sx
8-3/4"	7", 23#, J-55	3309'	425 Sx 65/35 Poz, 150 Sx
		Open Hole	Cl G, Circ 52 Bbls
	2-3/8", 4.7#	3300'	

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.**
-------	------	-------

Choke Size	Gas - MCF

RECEIVED
OCT 20 1992
OIL CON. DIV.

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
54 MCF	1 Hr.	0/Wtr	
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Pitot	200	1500	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 — Drilling Supervisor
Signature — Title
Printed Name
10-19-92 — (505) 599-3412
Date — Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 29 1992

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.

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1000 Rio Brazos Rd., Aztec, NM 87410

See Instructions at Bottom of Page

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	Well API No.
Phillips Petroleum Company	30-039-25075
Address 5525 Hwy. 64, NBU 3004, Farmington, NM 87401	

Reason(s) for Filing (Check proper box)
New Well ☐ Recompletion ☐ Change in Operator ☐
Change in Transporter of: Oil ☐ Dry Gas ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain) ☐

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DEC 22 1993
OIL CON. DIV
DIST. 3

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 29-5 Unit	231	Basin Fruitland Coal		SF-078642

Location
Unit Letter K : 1743 Feet From The South Line and 1432 Feet From The West Line
Section 5 Township 29N Range 5W, NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Water 2806563	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	**Address (Give address to which approved copy of this form is to be sent)**
Phillips Petroleum Company 2806562	5525 Hwy. 64, NBJ 3004, Farmington, NM 87401

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?

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

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**	**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
54			
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
	1500		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.

Ed Hasely
Signature
Ed Hasely — Environmental Engineer
Printed Name — Title
12-21-93 — (505) 599-3460
Date — Telephone No.

10-29-92

OIL CONSERVATION DIVISION

Date Approved DEC 22 1993

By _____

SUPERVISOR DISTRICT #3

Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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