

Submit 3 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1940, Hobbs, NM 88240

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

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. 30-039-25188
Address 5525 HWY 64 NBU 3004, FARMINGTON, NEW MEXICO 87401	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Operator <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. 263	Pool Name, Including Formation BASIN FRUITLAND COAL	Kind of Lease State, Federal or Private	Lease No. SF-08377
Location Unit Letter <u>L</u> : <u>2488</u> Feet From The <u>South</u> Line and <u>793</u> Feet From The <u>West</u> Line Section <u>22</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 checked="" 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"/> WILLIAMS FIELD SERVICES	Address (Give address to which approved copy of this form is to be sent) 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 9-7-92	Date Compl. Ready to Prod. 9-25-92	Total Depth 3240'	P.B.T.D. 3237'					
Elevations (DF, RKB, RT, GR, etc.) 6333' GL	Name of Producing Formation Fruitland	Top Oil/Gas Pay 3149'	Tubing Depth 3158'					
Perforations Coal Intervals 3149'-3232'			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	282'	225 Sx Cl B, Circ 71 Sx					
8-3/4"	7", 23#, J-55	3129'	500 Sx 65/35 Poz, 150 Sx					
6-1/4"	4-1/2", 11.6#	3237'	Cl B, Circ 290 Sx					
	2-3/8", 4.7#	3158'						

### 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 112	Length of Test 1 Hr.	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pitot, back pr.) Pitot	Tubing Pressure (Shut-in) 0	Casing Pressure (Shut-in) 10	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 correct.

Signature  
R. A. Allred Drilling Supervisor

Printed Name  
12-2-92 (505) 599-3412 Title

Date  
Telephone No.

### OIL CONSERVATION DIVISION

Date Approved DEC 08 1992

By Supervisor  
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.