

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.

Operator PHILLIPS PETROLEUM COMPANY		Well API No. 30-039-25226
Address 5525 Hwy. 64, NBU 3004, Farmington, New Mexico 87401		
Reason(s) for Filing (Check proper box)		
New Well ☐ Recompletion ☐ Change in Operator ☐	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

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Lease No.	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Private	SF-078343
San Juan 29-5 Unit	230	Basin Fruitland Coal	xxx Federal xxx	
Location				
Unit Letter	A	: 388	Feet From The North Line and 179	Feet From The East Line
Section	5	Township	29N	Range 5W, NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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Name of Authorized Transporter of Oil ☐ or Condensate ☐				Address (Give address to which approved copy of this form is to be sent)		
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 ☒				Address (Give address to which approved copy of this form is to be sent)		
PHILLIPS PETROLEUM COMPANY				5525 Hwy. 64, NBU 3004, Farmington, NM 87401		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
Section location is commingled with that from any other lease or pool, give commingling order number.						

IV. COMPLETION DATA

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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

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.)

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top automatic for this type of pump.)			
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

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

VL 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

Signature Ed Hasely, Environmental Engineer

Printed Name _____

Title

June 14, 1993

(505) 599-3460

21
Date

Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 17 1993

By

SUPERVISOR DISTRICT #3

Title

- 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.