

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Drawer 80, Arredondo, NM 87410

P.O. Box 2088
Santa Fe, New Mexico 87404-2088

DISTRICT II
1000 E. Jackson Rd., Arredondo, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator PHILLIPS PETROLEUM COMPANY		Well AP No.
Address 300 W. Arrington, Suite 200, FARMINGTON, NM 87401		
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)		
New Well ☐	Change in Transporter of: ☐ Oil ☐ Dry Gas ☐	
Recompletion ☐	Casinghead Gas ☐ Condensate ☐	
Change in Operator ☒		
If change of operator give name and address of previous operator Northwest Pipeline Corp., 3535 E. 30th Farmington, NM 87401		

II. DESCRIPTION OF WELL AND LEASE				
Lease Name San Juan	31-6	Unit	Well No. 6A	Pool Name, Including Formation Blanco Mesaverde
Kind of Lease State, Federal or Prop		Lease No.		
Location Unit Letter <u>E</u> : 1780 Feet From The <u>North</u> Line and 790 Feet From The <u>West</u> Line				
Section 1	Township 30N	Range 7W	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) Garv Energy P.O. Box 159, Bloomfield, NM 87413		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒		Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Co.		
If well produces oil or liquids, give location of tanks	Unit	Sec.	Top	Rgs.
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
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.)	
Actual Prod. During Test	Tubing Pressure	Casing Pressure	Choke Size
	Oil - Bbls.	Water - Bbls.	Gas - MCF
GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (gates, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION	
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.		Date Approved <u>APR 01 1991</u>	
Signature <u>L.E. Robinson Sr.</u>		By <u>[Signature]</u>	
Printed Name L.E. Robinson Sr. Dir. & Prod. Eng.		Title SUPERVISOR DISTRICT #3	
Date APR 01 1991		Telephone No. (505) 599-3412	

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.