

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

L

Operator PHILLIPS PETROLEUM COMPANY		Well API 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:	
Recompletion ☐	Oil ☐	Dry Gas ☐
Change in Operator ☒	Outgassed Gas ☐	Condensate ☐
If change of operator give name and address of previous operator Northwest Pipeline Corp., 3535 E. 30th, Farmington, NM 87401		

IL DESCRIPTION OF WELL AND LEASE

GENERAL DESCRIPTION OF WELL AND PLASS												
Lease Name			Well No.	Pool Name, Including Formation		Kind of Lease		Lease No.				
San Juan 30-5 Unit			102	Gallup		State, Federal or Fee						
Location												
Unit Letter		K	:	1770	Feet From The	South	Line and	2220	Feet From The	West	Line	
Section		34	Township		3 N	Range		5 W	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)				
Gary Energy		P.O. Box 159, Bloomfield, NM 87413				
Name of Authorized Transporter of Crude Oil ☐ or Dry Gas ☒		Address (Give address to which approved copy of this form is to be sent)				
Northwest Pipeline Corp.		P.O. Box 58900, SLC, UT 84158-0900				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Top.	Rgn.	Is gas actually connected?	When? Attn: Claire Potter

IV. COMPLETION DATA

[illegible]

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL. (Test must be after recovery of total volume of blood

V. TEST DATA AND RESULTS			
OIL WELL (Test must be after recovery of total volume of flood 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.)	
Oil Tank	Testing Pressure	Oil Flow (bbls/hr)	Pressure (psi)
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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GAS WELL

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Flowing Method (gauge, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-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 correct to the best of my knowledge and belief.

L. E. Kobuna

Robinson Sr. Drlg. & Prod. Engr.

Printed Name _____ Title _____

Apr. 1, 1991 (505) 599-3412
Date Telephone No.

OIL CONSERVATION DIVISION

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Date Approved

By

SUPERVISOR DISTRICT #3

Title

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

- 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-10 must be filed for each well in multiply completed wells.