Submit 5 Copies
Appropriate District Office
DISTRICT I
F.O. Box 1980, Hobbs, NM \$8240

Energy, Minerals and Natura' esources Department

Form C-104
Revised 1-1-40
See Instructions
at Bottom of Page

DISTRICT # P.O. Drawer DD, Arcela, NM 88210

## OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 8 504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator								TLI IAN		
PHILLIPS PETROLEUM CO	MPANY							30-039-24	433	
Address	_				03'.01					•.
300 W. Arrington, Sui	te 200	, Farm	ingto	on, NM				<del></del>		
Resson(s) for Filing (Check proper box)		<b>A</b>			() Ob	n (Please expl	HŲ			
New Well	Oil	Charge is	Dry G					•		
Recompletion U		24 Cas 🗀	_							
Carago a Operana						a. =		NA 074	0.1	<del></del>
od address of previous operator Me	<u>ridian</u>	0i1,	Inc.,	3535	E. 30th.	St., Fa	rmingto	n, NM 874	101	<del>,</del>
L DESCRIPTION OF WELL	AND LF	EASE								
Lease Name		Well No.						(Lease		ase No.
San Juan 31-6 Unit		203			itland C	oal	3 <b>5040</b> 3	Pederal ersPen	NM-C	12292
Location		<del>-1</del>	*	<del></del>		<del></del>				
Unit Letter A	7'	90	_ Foct P	on The	North Lie	. <b></b>	100 R	et Proce The	East	Line
	-		= 1					•		
Section 3 Townshi	ip 301	N	Range	6W	, 10	apm,	Rio Ar	riba		County
III. DESIGNATION OF TRAN	SPORTI	ER OF O	IL AN	D NATU	RAL GAS		Val. ann 4	copy of this form	e ie to bo oo	-01
Name of Authorized Transporter of Oil		or Conde			Address (Gin	e eaarest to w	ися врргома	copy of unit John	. <i> 10 04 34</i>	<del>-</del> /
None Name of Authorized Transporter of Casin	ahead Gas		~ ~	<u> </u>	Address ACT		فرسست و المثا	copy of this form	is to be e-	<u></u>
		ب	or Diff	Cas X				ah 84158-		-/
Northwest Pipeline Corp Y well produces oil or Equids,	) Unit	Sec.	Twp.	Rgs.	<del></del>	y consected?		an 64136- attn: Pa		perc
tive location of maks.	1	i —	i	i ~~~		,	1	- allie fö	ALL NOC	RELD
I this production is commingled with that	from any of	her lease or	pool, gi	ve commine	ling order numi	Xer.				
V. COMPLETION DATA										
	~~	Oil Well		Cas Well	New Well	Workover	Deepen	Plug Back St	me Res'v	Diff Res'v
Designate Type of Completion					1	L	<u> </u>			<u></u>
Date Spudded	Date Com	opi. Ready to	o Prod.		Total Depth			P.B.T.D.		
No. of State					Top Oil/Gas Pay			Tubing Depth		
Devations (DF, RKB, RT, GR, etc.) Name of Producing Formation										
Performicas					L			Depth Casing S	Shoe	
• • • • • • • • • • • • • • • • • • • •										
		TUBING	CAST	NG AND	CEMENTE	NG RECOR	D	•		
HOLE SIZE		CASING & TUBING SIZE			1	DEPTH SET		SACKS CEMENT		
								1		
		A B A 255	A = 2 = -					<u> </u>		<del></del>
	ST FOR	ALLOW	ABLE			<u> </u>		. 4. 4 4 : 4	A.H 94 L	1
OIL WELL (Test must be after t	recovery of 1	total volume	ABLE of load	oil and must	be equal to or	exceed top all	owable for thi	depth or be for	full 24 hou	rs.)
OIL WELL (Test must be after t	ST FOR a recovery of the Date of To	total volume	ABLE of load	oil and must	be equal to or Producing M	exceed top all chod (Flow, p	owable for thi	depth or be for	full 24 hou	73.)
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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.