DISTRICT II P.O. Drawer D.D., Arcella, NM \$8210

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

L		TOTRA	NSP(ORT OIL	AND NAT	URAL GA	4S			· · · · · · · · · · · · · · · · · · ·		
Operator							Wall X		701			
Phillips Petroleum Com	npany	- 	·				30	-039-24	721			
Address (/ NIDY 200/	F		MM	87401						٠,		
5525 Hwy 64 NBU 3004, Reason(s) for Filing (Check proper box)	rarmin	gron,	INIM	6740		Please expla	لعند					
New Well		Change is	Твагро	rter of:	(,)		•	•				
Recompletion	Oil		Dry Ga	(578						1		
Change is Operator	Casinghea	4 Cas 🔲	Coodeo	nate []								
t change of operator give same												
and address of previous operator	4500 1 22									,		
IL DESCRIPTION OF WELL.	Well No. Pool Name, Include				ne Formation IX			ind of Lease Le		ase No.		
Lesse Name San Juan 30-5 Unit	l	212 Basin Frui				· 16			NM-C	12335		
Location	1		1 200		CIGIG O		 					
Unit LetterN	. 10	061	Boot Po	om The S	outh Line	and 15	40 F	et From The .	West	Line		
Unit Letter	- '					·		•				
Section 31 Township	P	BON	Range	5 W	, No.	IPM,	Rio	Arriba		County		
TO AN OF TO AN	CDADTE	D VB VI	T AN	n Natii	DAT CAS							
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	STURIE	or Conden	D WIA	C INATO	Address (Give	oddress to w	hich approved	copy of this f	orm is to be se	74)		
None	اسا											
Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent)												
Phillips Petroleum Com	ipany		r 	γ		5525 Hwy 64 NBU 3004, Farmington, NM 87401						
If well produces oil or liquids, rive location of tanks.	Unit	Sec.	Twp	Rge	le gre schully	consected	l woes	'		,		
If this production is commingled with that	from any oth	er lease or	mod eiv	re commine	ing order sumb					·		
IV. COMPLETION DATA			,,,,									
		Oil Well	7	Oas Well	New Well	Workover	Deepes	Plug Back	Same Res'V	Diff Res'v		
Designate Type of Completion		J					<u> </u>	<u> </u>	J			
Data Spudded	Date Comp	pi. Ready 10	Prod		Total Depta			P.B.T.D.				
TOT DATE BY CR MAI	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
Devations (DF, RKB, RT, GR, etc.)	LANDS OF LICENSING LOUDS TOP											
Performicas					J			Depth Casi	ng Shoe			
								<u> </u>				
	CEMENTI				SACKS CEM	ENT						
HOLE SIZE	CA	CASING & TUBING SIZE				DEPTH SET			SACAS CEMENT			
	 											
	 											
	1]				
V. TEST DATA AND REQUES	ST FOR A	LLOW	ABLE					ما بداند.	6 6-11.24 km	en 1		
OIL WELL (Test must be after t			of lood	oil and mus	be equal to or	exceed lop all	some out lift.		3 3			
Date First New Oil Run To Tank	Date of Te	4		•	1/1000xxxx M	Producing Method (Flow, pump, p			The same and will			
Length of Test	Tubing Pressure			Caring Press		Obote Size						
anger of less								1	N2 5199	13		
Actual Prod. During Test	Oil - Bbla.			Water - Bbis.			OIL CON. DIV.					
	1					<u> </u>			D:37. 3			
GAS WELL								-12		! 		
Actual Frod Test - MCF/D	Length of	Length of Test			Bbls. Coodessis te MMCF			Gravity of Condensate				
	Tibles Be	Tolling Benediction (State Salvanian)			Caring Pressure (Shut-in)			Choke Size				
Testing Method (pitot, back pr.)	I doing i i	Tubing Pressure (Shut-in)			Caring House (all a)							
ATTOR CERTIFIC	LATE OF	E COM	DT TA	NCE	<u> </u>					ON.		
VI. OPERATOR CERTIFICATE OF COMPLIANCE Thereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION							
naturally have been exemplied with and that the information given above					JAN 2 5 1993							
is and appropriate to the local of my knowledge of book.						SHOLOA		-				
SMMtdell					11		31	> d				
Signature 11	Produc	Production Foreman				By SUBSTRUCT AS						
0. J. Mitchell Printed Name	TOduc	Tide				SUPERVISOR DISTRICT #3						
1-15-93	(505)	(505) 599-3412				·						
Dde			lephene					and the same	SE	Special residence		
		VIOLENTA	10 20 East 10	A CONTRACTOR OF THE CONTRACTOR								

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.