

Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

Oil, Minerals and Fuels Division

See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Phillips Petroleum Company		Well API No. 30-039-24806
Address 300 W. Arrington, Suite 200, Farmington, NM 87401		
Reason(s) for Filing (Check proper box) ☐ New Well ☐ Change in Transporter of: ☐ Recompletion ☐ Oil ☐ Dry Gas ☒ ☐ Change in Operator ☐ Casinghead Gas ☐ Condensate ☐		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Lease Name San Juan 30-5 Unit		208	Basin Fruitland Coal		SF-078740
Location Unit Letter <u>H</u> : <u>1809</u> Feet From The <u>North</u> Line and <u>842</u> Feet From The <u>East</u> Line Section <u>19</u> Township <u>30N</u> Range <u>5W</u> , <u>NMPM</u> Rio Arriba County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil ☐ or Condensate ☐	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 ☒	Williams Field Services Company	P.O. Box 58900, Salt Lake City, UT 84158-0900	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	When? Attn: Claire Potter
If this production is commingled with that from any other lease or pool, give commingling order number.			

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion - (X)									
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.)	
Length of Test	Tubing Pressure	Casing Pressure	RECEIVED APR 15 1991 OIL CON. DIV.
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION APR 15 1991	
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 _____	
Signature <u>L. E. Robinson</u>		By <u>Burt D. Chang</u>	
Printed Name L. E. Robinson		SUPERVISOR DISTRICT #3	
Title Sr. Drlg. & Prod. Engr.		Title _____	
Date 4-11-91		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.