

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

DISTRICT II
 P.O. Drawer DD, Arcoma, NM 88210

DISTRICT III
 1000 K S Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

Operator PHILLIPS PETROLEUM COMPANY		Well APN No. 30-039-25202
Address 5525 Hwy 64 NBU 3004, Farmington, NM 87401		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		<div style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</div> <div style="text-align: center;">AUG 27 1992</div>
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of operator give name and address of previous operator _____

**OIL CON. DIV.
 DIST. 3**

II. DESCRIPTION OF WELL AND LEASE

Lease Name SAN JUAN 30-5 UNIT	Well No. 240	Pool Name, Including Formation BASIN FRUITLAND COAL	Kind of Lease State, Federal or Fee	Lease No. SF-078039
Location Unit Letter <u>H</u> : <u>1403</u> Feet From The <u>North</u> Line and <u>1165</u> Feet From The <u>East</u> Line Section <u>22</u> Township <u>30N</u> Range <u>5W</u> , <u>NMPM</u> Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <u>NONE Water for</u>	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas WILLIAMS FIELD SERVICES CO.	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 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? <input type="checkbox"/>	
	When? ATTN: CLAIRE POTTER	

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	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 8-4-92	Date Compl. Ready to Prod. 8-19-92	Total Depth 3400'		P.B.T.D. 3397'				
Elevations (DF, RKB, RT, GR, etc.) 6663' GL	Name of Producing Formation Fruitland	Top Oil/Gas Pay 3308'		Tubing Depth 3390'				
Performances 3308'-3388'						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8", 36#, K-55		280'		225 Sx Class G, Circ 17S			
8-3/4"	7", 23#, J-55		3280'		650 Sx Cmt, Circ 245 Sx			
6-1/4"	5-1/2", 23#		3399'					

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.)	
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Length of Test	Tubing Pressure	Casing Pressure	Choke Size
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Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
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GAS WELL

Actual Prod. Test - MCF/D 1865	Length of Test .1 hr.	Bbls. Condensate/MCF 240/Wtr	Gravity of Condensate -----
Testing Method (pilot, back pr.) Pitot	Tubing Pressure (Shut-in) 100	Casing Pressure (Shut-in) 1400	Choke Size 2"

VI. 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 complete to the best of my knowledge and belief.

Signature R.A. Allred
 Printed Name R.A. Allred Drilling Supervisor
 Date 8-25-92 Telephone No. (505) 599-3412

OIL CONSERVATION DIVISION

Date Approved AUG 31 1992
 By Original Signed by CHARLES CUNNINGHAM
 Title _____

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.



LTR



Job separation sheet