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Appropriate District Office
DISTRICT I
P.O. Box 1940, Hobbs, NM 88240

STATE OF NEW MEXICO
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

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

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

DISTRICT III
1000 Rio Brazos Rd., A. Soc., NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Phillips Petroleum Company		Well API No. 30-039-25202
Address 5525 HWY. 64, NBU 3004, 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 ☐	Casinghead Gas ☐	Condensate ☐
If change of operator give name and address of previous operator		

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 Other	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>	NMPM, Rio Arriba County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ <u>Water Road #</u> <u>2806174</u>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Phillips Petroleum Company <u>2806173</u>	Address (Give address to which approved copy of this form is to be sent) 5525 Hwy. 64, NBU 3004, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Typ.	Rge.
Is gas actually connected?		When?

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
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
Length of Test	Producing Method (Flow, pump, gas lift, etc.)
Actual Prod. During Test	Tubing Pressure
	Casing Pressure
	Water - Bbls.
	Oil - Bbls.
	Choke Size
	Gas MCF

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been explained to me and that the information given above is true and complete to the best of my knowledge and belief.

Ed Hasely
Signature
Ed Hasely Environmental Engineer
Printed Name Title
10-19-93 (505) 599-3460
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 20 1993
By [Signature]
Title SUPERVISOR DISTRICT #3

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.