

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Phillips Petroleum Company		Well API No. 30-039-25284
Address 5525 Hwy. 64, NBU 3004, Farmington, NM. 87401		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Water Prod # 2805186
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
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. 110	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Foreign XXXXXXX	Lease No. E-347-41
Location Unit Letter <u>A</u> : <u>957'</u> Feet From The <u>North</u> Line and <u>846'</u> Feet From The <u>East</u> Line Section <u>16</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 <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<u>9805179</u>		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Williams Production Company Field Services	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?		

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 9-10-93	Date Compl. Ready to Prod. 10-25-93		Total Depth 7884'		P.B.T.D. 7857'			
Elevations (DF, RKB, RT, GR, etc.) 6376' GL 6359	Name of Producing Formation Basin Dakota		Top Oil/Gas Pay 7700-7850'		Tubing Depth 7691'			
Perforations Basin Dakota Intervals 7700'-7850'					Depth Casing Shoes			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8", 36# J-55	350'	250 sx C1 B
8-3/4"	7", 23#, J-55	3799'	600 sx 65:35POZ&150 sx
6-1/4"	4 1/2", 11.6# N-80	7878'	300 sx 65:35POZ&150 sx
	2-3/8", 4.7 #	7691'	none

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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL

Actual Prod. Test - MCF/D 942 MCFPD	Length of Test 24 hrs.	Bbls. Condensate/MMCF 1 BWPD/Water	Gravity of Condensate
Testing Method (pitot, back pr.) pitot	Tubing Pressure (Shut-in) 1500 psi	Casing Pressure (Shut-in) 1500 psi	Choke Size 1/4"

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 Ed Hasely Environmental Engineer
Printed Name Ed Hasely Title
Date November 3, 1993 Telephone No. (505) 599-3460

OIL CONSERVATION DIVISION

Date Approved DEC 16 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.