Shbmit 5 Copies
Appropriate District Office
DISTRICT
F.O. Box 1750, Hobbs, NM 88240

Energy, Minerals and Natural esources Department

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

C1 B

INSTRICT II P.O. Drawar D.D., Artesia, NM 88210

## OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 8 504-2088

INSTRICT III
1000 Rio Brazos Rd., Azioc, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							Well	Well API No. 30-039-24979			
PHILLIPS PETROLEU	M COMPANY	COMPANY									
Adress									-		
300 W. ARRINGTON,		, FAR	MINGT	ON, NM						·.	
eason(s) for Filing (Check proper b		_	_		☐ Oth	es (Please expli	zia)				
ew Well	_	Cymde p									
ecompletion 📙	OII		Dry Co								
hange in Operator	Chainghead		Conden			-,					
change of operator give same d accreas or previous operator	<del>_</del>										
	T T A NITS E 124	CIP									
DESCRIPTION OF WE		Well No. Pool Name, Include					I Find	of Lance		Lease No.	
San Juan 30-5 Unit	1	229			uitland	Coal		Federal or For	1 -		
cotice	<u> </u>		<b></b>				L		<u> </u>		
C	. 16	568	The State	1	North	e and163	. 01	Error The	East	Line	
Unit Letter	•••••		. roa ra	XII 130	LB	¢ 824		et From The			
Section 21 Town	natio 30N		Range	5W	.N	MPML	Rio	Arriba		County	
I. DESIGNATION OF TR	LANSPORTE	R OF O	IL ANI	D NATU	RAL GAS						
isms of Authorized Transporter of C	· 🗀 تلا	or Conden	sate	$\Box$	Address (Giv	e address to wh	ich approved	copy of this for	m is to be s	end)	
None											
me of Authorized Transporter of Casinghead Ges					Address (Give address to which approved copy of this form is to be sent) P.O. Box 58900, Salt Lake City, UT 84158-090						
Northwest Pipeline		•	-	γ <u> </u>	<del></del>						
well produces oil or liquids, re location of tanks.	Unit	Sec	Lak	Rga	is gas actual	y connected?	When	Attn:	Patt I	coagers	
his production is commingled with	<u> </u>	- leses es		<u> </u>		·	L			····	
COMPLETION DATA	um non any que	· Kak U	pout, gan	e commings	red coos arms						
		Oil Well		at Well	New Well	Workover	Deepes	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Complet	ion - (X)	i	i	X	X			i		İ	
is Spudded	Date Compl	Ready to	Prod.		Total Depta			P.B.T.D.			
12-23-90	Perf'd					3188'		3	188'	·	
evations (DF, RKB, RT, GR, etc.)	Name of Pro	_	<b>ATTRACTION</b>		Top Oil/Gas	•		Tubing Depth			
6418' GL	Fruit]	Fruitland				3110'			3169.12 Depth Caring Shoe		
eforations.								Depth Casing	2004		
3110' - 3154'		IDDIA	<u> </u>	<del></del>		VA BEAGE		<u> </u>			
IN FORE					CEMENII	NG RECOR	<u> </u>		CKS CEN	EMT	
HOLE SIZE 12-1/4"	9-5/8"	ING & TU			<del></del>	283'				irc 90 S	
8-3/4"		93# 1			<del></del>	3095.7	'0'			Poz. 1509	
6-1/4"	5-1/2"	<u> </u>	, P1	10		3187	<del></del>	200 244	c 190	* * * * * * * * * * * * * * * * * * * *	
0-1/4	2-3/8'		7 <b>#.</b> J-			3169.1	2'	1			
TEST DATA AND REQU	UEST FOR A	LLOW	ABLE		A	2-7/1-					
	ter recovery of tou	al volume	of load o	d and must				40 95 6	<u> 1 24 40</u>	<b>*</b> (7)	
of First New Oil Rua To Tank	Date of Test				Producing M	chod (Flow, pu	mo, pas	ナモしに			
			<u></u>					Charles Sine		11	
rogin of Test	Tubing Pres	ALFR.			Casing Press		•	FEB1	1 1991		
ctual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gar MCF		11. /	
ting Lion During Lear	Ou - But								DIL CON. DIV		
					<u> </u>			TDIS	T. 3		
AS WELL	W				n			Gravity of Co			
ctual Prod. Test - MCF/D	Leagth of To		Hr.		ROUN ROUND			and a	5050200		
1702	Tubing Free				Cheine Proces	8/Wtr	<del></del>	Choke Size		· · · · · · · · · · · · · · · · · · ·	
eting Method (pitet, back pr.) Pitot	_	150	~			1250			2"		
				<u></u>	<u> </u>	1230		.1			
L OPERATOR CERTIF	ICATE OF	COMP	LIAN	CE	11 (	OIL CON	ISERV	ATION D	IVISIO	NC	
I hereby certify that the rules and n Dr. inion have been complied with	eguiations or me ( aci केंद्रा केंद्र inform	Al Conter Dation aive	sa apone Sanoa		1			MAR 04			
is true and complete to the best of	my knowledge and	belief.		•	D.44	Annrow	d .	mon V 4	1001		
					Date	Approve			1	<u> </u>	
Ka aleen	<u> </u>	•			11 _		Bin	r), Q	hand		
Signature	-4114 0			<del></del> .	By_					<del></del>	
	rilling Su	pervi	sor		1		JUFE	RVISOR D	STRIC	T ∤3	
Printed Name 2-8-91 (	505) 599-3	3412	1106		Title						
2 0 71					11						
Date		Tele	phone N	<b>0.</b>	11						

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.