

Appropriate District Office
DISTRICT I
P.O. Box 1980, 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

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

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator PHILLIPS PETROLEUM COMPANY		Well APN No. 30-639-25289
Address 5525 HWY 64 NBU 3004		
Reason(s) for Filing (Check proper box)		
New Well <input checked="" type="checkbox"/>	Other (Please explain)	
Recompletion <input type="checkbox"/>	Change in Transporter of:	
Change in Operator <input type="checkbox"/>	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		

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 31-6 Unit	Well No. 25E	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal, or Free	Lease No. SF-078999
Location				
Unit Letter J	: 1625	Feet From The South	Line and 1507	Feet From The West
Section 33	Township 31N	Range 6W	County NMPM, Rio Arriba	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Water P.O.D. # 2824677	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 Service 2804673	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
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 8-18-93	Date Compl. Ready to Prod. 10-5-93	Total Depth 8026	P.B.T.D. 7978					
Elevations (DF, RKB, RT, GR, etc.) 6474' GR	Name of Producing Formation Basin Dakota	Top Oil/Gas Pay 7885'-7968'	Tubing Depth 7066'					
Performances Dakota Intervals 7885' - 7968' 51 total holes @ 1spf. (.35" dia)			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	323'	250 sx Class B					
8-3/4"	7", 23# J-55	3700'	500 sx 65/35 POZ + 150sx C1B					
6-1/4"	4-1/2", 11.6#, N-80	8026'	350 sx 65/35 POZ + 150sx C1B					
	2-3/8" 4.7#	7066'						

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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 1.1 MMCF/D	Length of Test 24. hrs	Bbls. Condensate/MMCF 1 BWPD	Gravity of Condensate
Testing Method (pilot, back pr.) Pitot	Tubing Pressure (Shut-in) SI 2400	Casing Pressure (Shut-in) SI 2430	Choke Size 3/4"

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
10-1-93 (505) 599-3460
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 20 1993
By [Signature]
SUPERVISOR DISTRICT #3
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.