

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

OIL CONSERVATION DIVISION

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

See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator PHILLIPS PETROLEUM COMPANY		Well AM No. 30-045-28017
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"/>
Change in Operator <input type="checkbox"/>	Casehead 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 32-8 UNIT	Well No. 225	Pool Name, Including Formation BASIN FRUITLAND COAL	Kind of Lease State/Federal or Fee	Lease No. NM-03402
Location Unit Letter <u>M</u> : <u>970</u> Feet From The <u>South</u> Line and <u>1063</u> Feet From The <u>West</u> Line Section <u>15</u> Township <u>31N</u> Range <u>8W</u> <u>NMPM</u> San Juan 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)	
NONE		
Name of Authorized Transporter of Casehead 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 FIELD SERVICES CO.	P.O. BOX 58900, SALT LAKE CITY, UT 84158-0900	
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rgn. Is gas actually connected? 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	Dif Res'v
		X	X					
Date Spudded 8-13-90	Date Compl. Ready to Prod. Perf'd 10-25-91	Total Depth 3346'		P.B.T.D. 3346'				
Elevations (DF, RKB, RT, GR, etc.) 6451' GL 6446	Name of Producing Formation Fruitland	Top Oil/Gas Pay 3176'		Tubing Depth 3332'				
Formations 3176'-3342'				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	322'	200 Sx Cl G, Circ 83 Sx
8-3/4"	7", 23#, J-55	3160.94'	500 Sx 65/35 Poz, 150 Sx
6-1/4"	5-1/2", 23#, P110	3345'	Cl G, Circ 140 Sx
	2-3/8", 4.7#	3332'	

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.)	RECEIVED -NOV 26 1991 OIL CON. DIV. DIST. 3
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

GAS WELL

Actual Prod. Test - MCF/D 5123	Length of Test 1 hr.	Bbls. Condensate/DWCR 1044/Wtr	Gravity of Condensate
Testing Method (pitot, back pr.) Pitot	Tubing Pressure (Sbu-ls) 300	Casing Pressure (Sbu-ls) 1510	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.

R.A. Allred
Signature
R.A. Allred
Printed Name
11-22-91
Date

Drilling Supervisor
Title
(505) 599-3412
Telephone No.

OIL CONSERVATION DIVISION

DEC 04 1991

Date Approved _____

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.