

**OIL CONSERVATION DIVISION**

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

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
 TO TRANSPORT OIL AND NATURAL GAS**

Operator PHILLIPS PETROLEUM COMPANY		Well API No. 30-045-28273
Address 300 W. ARRINGTON, SUITE 200, 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"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

**RECEIVED**  
 MAY 07 1991  
 OIL CON. DIV.  
 DIST 3

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name SAN JUAN 32-7 UNIT	Well No. 221	Pool Name, Including Formation BASIN FRUITLAND COAL	Kind of Lease State/Federal or Bas	Lease No. SF-078996
Location Unit Letter <u>H</u> : <u>1773'</u> Feet From The <u>North</u> Line and <u>1035'</u> Feet From The <u>East</u> Line				
Section <u>8</u> Township <u>31N</u> Range <u>7W</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 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 FIELD SERVICES COMPANY	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	Diff Res'v
		X	X					
Date Spudded 12-8-90	Date Compl. Ready to Prod. Perf'd 4-28-91		Total Depth 3240'		P.B.T.D. 3237'			
Elevations (DF, RKB, RT, GR, etc.) 6523' GL	Name of Producing Formation Fruitland		Top Oil/Gas Pay 3126'		Tubing Depth 3104.56' - 3225'			
Perforations 3126' - 3234'					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	287'	250 Sx C1 B, Circ 90 Sx
8-3/4"	7", 23#, J-55	3104.56'	500 Sx 65/35 Poz, 150 Sx C1 B
6-1/4"	5-1/2", 23#, P110	3237.28'	Circ 158 Sx
	2-3/8", 4.7#, J-55	3225.10'	

**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 1647	Length of Test .1 hr.	Bbls. Condensate/MCF 366/Wtr	Gravity of Condensate
Testing Method (pitot, back pr.) Pitot	Tubing Pressure (Shut-in) 0	Casing Pressure (Shut-in) 1350	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 Drilling Supervisor  
 Printed Name  
 5-2-91 (505) 599-3412  
 Date Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved JUL 11 1991  
 By Original Signed by FRANK T. CHAVEZ  
 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.