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U.S. DEPARTMENT OF THE INTERIOR
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator PHILLIPS PETROLEUM COMPANY	Well API No. 30-045-28312
Address 5525 HWY 64 NBU 3004, FARMINGTON, NEW MEXICO 87401	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Operator <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 FED 3	Well No. 2	Pool Name, including Formation BASIN FRUITLAND COAL	Kind of Lease 30245 Federal SF-08133	Lease No. SF-080133
Location Unit Letter <u>M</u> : <u>800</u> Feet From The <u>South</u> Line and <u>1158</u> Feet From The <u>West</u> Line Section <u>3</u> Township <u>31N</u> Range <u>9W</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"/> NONE	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> WILLIAMS FIELD SERVICES	Address (Give address to which approved copy of this form is to be sent) PO BOX 58900, SALT LAKE CITY, UTAH 84158	
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 10-17-90	Date Compl. Ready to Prod. 1-2-93	Total Depth 3425'	P.B.T.D. 3424'					
Elevations (DF, RCB, RT, GR, etc.) 6567' GR	Name of Producing Formation Fruitland	Top Oil/Gas Pay 3172'	Tubing Depth 3413'					
Perforations 3172' - 3420'			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	224'	140 Sx C1 B, Circ 8 Bbls
8-3/4"	7", 23#, K-55	3156' KB	360 Sx 65/35 Poz, 75 Sx C1 B, Circ 21 Bbls
6-1/4"	5-1/2", 23#	3424'	
	2-3/8", 4.7#	3413'	

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)	DECEIVED JAN 20 1993 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 313	Length of Test 1 Hr.	Bbls. Condensate/MMCF 265	Gravity of Condensate
Testing Method (pitot, back pr.) Pitot	Tubing Pressure (Shut-in) 1050	Casing Pressure (Shut-in) 1440	Choke Size 2"

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been observed with reference to the well described above.

Eric Bearden for R.A. Allred
Signature
R. A. Allred Drilling Supervisor
Printed Name
1-19-93 (505) 599-3412
Date Telephone No.

OIL CONSERVATION DIVISION

FEB 19 1993

Date Approved
By Eric Bearden
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.