

APPROPRIATE DISTRICT OFFICE
 DISTRICT I
 P.O. Box 1140, Hobbs, NM 88240

Energy, Minerals and Natural Resources Department

Period 1 of 1
 See Instructions
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OIL CONSERVATION DIVISION
 P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

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

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

I.

| | |
|---|--|
| Operator PHILLIPS PETROLEUM COMPANY | Well No. |
| 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 type="checkbox"/> | Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> <input type="checkbox"/> Condensed Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Recompletion <input type="checkbox"/> | |
| Change in Operator <input checked="" type="checkbox"/> | |
| If change of operator give name and address of previous operator Northwest Pipeline Corp., 3535 E. 30th, Farmington, NM 87401 | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|-----------------------|---|--|-------------------------------|
| Lease Name San Juan 32-8 Unit | Well No. 37 | Pool Name, including Formation N. Los Pinos Fruitland | Kind of Lease State, Federal or Fee | Lease No. SF-079380 |
| Location Unit Letter I , 1645 Foot From The South Line and 975 Foot From The East Line Section 23 Township 32N Range 8W , NMPM San Juan County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|---|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Gary Energy | Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Bloomfield, NM 87413 |
| Name of Authorized Transporter of Condensed Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Corp. | Address (Give address to which approved copy of this form is to be sent) P.O. Box 58900, SLC, UT 84158-0900 |
| If well produces oil or liquids, give location of tanks. | Is gas actually transported? <input type="checkbox"/> 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 Run | Drift Run |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | | P.R.T.D. | | |
| Deviation (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | | Tubing Depth | | |
| Performances | | | | | | Depth Chasing Sheet | | |

TUBING, CASING AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
| | | | |
| | | | |
| | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of food 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 | |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | |

GAS WELL

| | | | |
|---------------------------------|----------------------------|----------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MCF | Gravity of Condensate |
| Flowing Method (Open, back pr.) | Tubing Pressure (Start-In) | Casing Pressure (Start-In) | Circle Size |

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 accurate to the best of my knowledge and belief.

L. E. Robinson

L. E. Robinson Sr. Drig. & Prod. Engr.
 Printed Name Title
 Date April 5, 1991 Telephone No. (505) 599-3412

OIL CONSERVATION DIVISION

Date Approved **APR 08 1991**

By *[Signature]*
 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-10 must be filed for each pool in multiply completed wells.