

Submit 5 Copies  
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, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., A. Soc., NM 87410

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

Operator PHILLIPS PETROLEUM COMPANY		Well API No. 30-045-28723
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:	
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		

#### II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 32-8 Unit 9261	Well No. 219	Pool Name, including Formation Basin Fruitland	Kind of Lease State, Federal or Rep	Lease No. SF-079381
Location Unit Letter N : 1290' Feet From The South Line and 920' Feet From The West Line Section 35 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 type="checkbox"/> Walter P. P. 2806089	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"/> Phillips Petroleum Company 2806088	Address (Give address to which approved copy of this form is to be sent) 5525 Hwy. 64, NBU 3004, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Tw.	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
Date Spudded 8-10-92	Date Compl. Ready to Prod. 09-03-92		Total Depth 3748'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 6848'	Name of Producing Formation Fruitland		Top Oil/Gas Pay Predrilled Liner 3528'		Tubing Depth 3688'			
Perforations Predrilled Liner (3528-3746')						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8", 36#		234		189 CF			
8-3/4"	7", 20#		3518'		1003 CF			
6-1/4"	5-1/2"		3748'		did not cement			
	2-3/8"		3688'					

#### 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.)		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tank	Date of Test	Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Water - Bbls.	Gas - MCF
Actual Prod. During Test	Oil - Bbls.	DIST. 3	

#### GAS WELL

Actual Prod. Test - MCF/D 3758	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Pitot	Tubing Pressure (Shut-in) 1497	Casing Pressure (Shut-in) 1498	Choke 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 complete to the best of my knowledge and belief.

Signature

R. A. Allred Production Supervisor

Printed Name

June 21, 1993

Date

(505) 599-3403  
Telephone No.

#### OIL CONSERVATION DIVISION

Date Approved JUN 22 1993

By Original Signed by CHARLES GHOLSON

Title DEPUTY OIL & GAS INSPECTOR, DIST. #2

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.