

DISTRICT IN
1000 Rio Puerco 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

L. TO TRANSPORT OIL AND NATURAL GAS	
Operator PHILLIPS PETROLEUM COMPANY	Well API 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:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Chinthead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator <u>Northwest Pipeline Corp., 3535 E. 30th, Farmington, NM 87401</u>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 29-5 Unit	Well No. 94	Pool Name, Including Formation GOVERNADOR PICTURE CLIFF	Kind of Lease (State, Federal or Free)	Lease No.
Location				
Unit Letter	P	945	Feet From The	South
Line and	1185	Feet From The	East	Line
Section	23	Township	29N	Range
			5W	Range
			MMPL	County
			Rio Arriba	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Gary Energy					P.O. Box 159, Bloomfield, NM 87413	
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)	
Northwest Pipeline Corp.					P.O. Box 58900, SLC, Utah 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

[illegible]

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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

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 APR 01 1991

GAS WELL

Actual Prod. Test - MCFD	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (gilot, back pr.)	Tubing Pressure (Start-in)	Casing Pressure (Start-in)	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.

L. E. Robinson
 Signature **L. E. Robinson** Sr. Drlg. & Prod. Engr.
 Printed Name **APR 01 1991** (505) 599-3412 Title
 Date Telephone No.

OIL CONSERVATION DIVISION

APR 01 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.