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Appropriate District Office  
DISTRICT I  
P.O. Box 1960, 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**

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III  
1000 Rio Brazos Rd., Artec, NM 87410

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

**I.**

|   |   |
|---|---|
| Operator<br>PHILLIPS PETROLEUM COMPANY  | Well APN No.<br>30-039-25227  |
| Address<br>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<br>SAN JUAN 29-5 UNIT   | Well No.<br>229 | Pool Name, Including Formation<br>BASIN FRUITLAND COAL | Kind of Lease<br>State, Federal or Private | Lease No.<br>SF-078277 |
| Location<br>Unit Letter <u>A</u> : <u>948</u> Feet From The <u>North</u> Line and <u>1214</u> Feet From The <u>East</u> Line<br>Section <u>7</u> Township <u>29N</u> Range <u>5W</u> , <u>NMPM</u> , Rio Arriba County |                 |  |  |                        |

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

|   |  |       |
|---|--|-------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/><br>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"/><br>WILLIAMS FIELD SERVICES | Address (Give address to which approved copy of this form is to be sent)<br>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<br>9-22-92                        | Date Compl. Ready to Prod.<br>10-5-92    | Total Depth<br>3390'     |          | P.B.T.D.<br>3390'           |        |                   |            |            |
| Elevations (DF, RKB, RT, GR, etc.)<br>6508' GL | Name of Producing Formation<br>Fruitland | Top Oil/Gas Pay<br>3238' |          | Tubing Depth<br>3213'       |        | Depth Casing Shoe |            |            |
| Performances<br>Coal Interval 3238'-3378'      |  |                          |          |                             |        |                   |            |            |
| <b>TUBING, CASING AND CEMENTING RECORD</b>     |  |                          |          |                             |        |                   |            |            |
| HOLE SIZE                                      | CASING & TUBING SIZE                     | DEPTH SET                |          | SACKS CEMENT                |        |                   |            |            |
| 12-1/4"  | 9-5/8", 36#, K-55                        | 286'                     |          | 200 Sx Cl G, Circ 14.7 Bbls |        |                   |            |            |
| 8-3/4"   | 7", 23#, J-55                            | 3235'                    |          | 425 Sx 65/35 Poz, 150 Sk    |        |                   |            |            |
| 6-1/4"   | Open Hole                                |                          |          | Cl G, Circ 71 Sx            |        |                   |            |            |
|  | 2-3/8", 4, 7#                            | 3213'                    |          |                             |        |                   |            |            |

**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) | <b>RECEIVED</b><br>NOV--4 1992<br>OIL CON. DIV<br>DIST. 3 |
| Length of Test                 | Tubing Pressure | Casing Pressure                         |   |
| Actual Prod. During Test       | Oil - Bbls      | Water - Bbls                            |   |

**GAS WELL**

|   |                                |                                |                       |
|---|--------------------------------|--------------------------------|-----------------------|
| Actual Prod. Test - MCF/D<br>TSTM         | Length of Test<br>1 Hr.        | Bbls. Condensate/MMCF          | Gravity of Condensate |
| Testing Method (pilot, back pr.)<br>Pilot | Tubing Pressure (Shut-in)<br>0 | Casing Pressure (Shut-in)<br>0 | Choke Size<br>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  
11-2-92 (505) 599-3412  
Date Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved DEC 17 1992

By \_\_\_\_\_  
Original Signature of Supervisor

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.

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT III  
1000 Rio Brazos 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

|   |  |                              |
|---|--|------------------------------|
| Operator<br>Phillips Petroleum Company  |  | Well API No.<br>30-039-25227 |
| Address<br>5525 Hwy. 64, NBU 3004, Farmington, NM 87401   |  |                              |
| Reason(s) for Filing (Check proper box)<br><input type="checkbox"/> New Well<br><input type="checkbox"/> Recompletion<br><input type="checkbox"/> Change in Operator<br><input type="checkbox"/> Change in Transporter of:<br>Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/><br>Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |  |                              |
| If change of operator give name and address of previous operator _____  |  |                              |

**RECEIVED**  
DEC 22 1993  
OIL CON. DIV  
DIST. 3

### II. DESCRIPTION OF WELL AND LEASE

|   |                 |  |   |                        |
|---|-----------------|--|---|------------------------|
| Lease Name<br>San Juan 29-5 Unit 71629  | Well No.<br>229 | Pool Name, including Formation<br>Basin Fruitland Coal | Kind of Lease<br>State, Federal, or Foreign<br>XXXX XXXXX | Lease No.<br>SF-078277 |
| Location<br>Unit Letter <u>A</u> : <u>948</u> Feet From The <u>North</u> Line and <u>1214</u> Feet From The <u>East</u> Line<br>Section <u>7</u> Township <u>29N</u> Range <u>5W</u> , <u>NMPM</u> , <u>Rio Arriba</u> County |                 |  |   |                        |

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |      |
|--|--|------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/><br><u>Water Pool # 2806082</u>                           | 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"/><br>Phillips Petroleum Company 9806081 | Address (Give address to which approved copy of this form is to be sent)<br>5525 Hwy. 64, NBU 3004, Farmington, NM 87401 |      |
| 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 |
| Date Spudded                               | Date Compl. Ready to Prod.  |          | Total Depth     |          |        | P.B.T.D.          |            |            |
| Elevations (DF, RKB, RT, GR, etc.)         | Name of Producing Formation |          | Top Oil/Gas Pay |          |        | Tubing Depth      |            |            |
| Perforations                               |                             |          |                 |          |        | Depth Casing Shoe |            |            |
| <b>TUBING, CASING AND CEMENTING RECORD</b> |                             |          |                 |          |        |                   |            |            |
| 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 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        | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-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.

Ed Hasely  
 Signature  
 Ed Hasely Environmental Engineer  
 Printed Name Title  
 12-21-93 (505) 599-3460  
 Date Telephone No.

### OIL CONSERVATION DIVISION

Date Approved DEC 22 1993

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 Part III, C, must be filed for each pool in multiply completed wells.