

DISTRICT I
P.O. Box 1960, Hobbs, NM 88240

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

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

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

Form O-111-83
See instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

Operator: PHILLIPS PETROLEUM COMPANY
Well ID No. _____

Address: 300 W ARRINGTON, SUITE 200, FARMINGTON, NM 87401

Reason(s) for Filing (Check proper box):
 New Well Change in Transporter of: Other (Please explain) _____
 Recompletion Oil Dry Gas
 Change in Operator Casinghead Gas Condensate

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 29-6 Unit	Well No. 43	Pool Name, including Formation Blanco Mesaverde	Kind of Lease (State, Federal or F&K)	Lease No.
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Location:
 Well Letter: G : 1650 Feet From The North Line and 1650 Feet From The East Line
 Section: 26 Township: 29N Range: 6W NMPM Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
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 Casinghead Gas or Dry Gas
Northwest Pipeline Corp.
Address (Give address to which approved copy of this form is to be sent): P.O. Box 58900, SLC, Utah 84158-0900

If well produces oil or liquids, give location of tanks: _____
 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

Designate Type of Completion - (X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input type="checkbox"/> 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			

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 load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Rse 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

RECEIVED
Gas-MCF
APR 01 1991

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls Condensate/MWCF	Gravity or Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

OIL CON. DIV.
DIST. 3

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

OIL CONSERVATION DIVISION

Date Approved: APR 01 1991

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.