

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 Phillips Petroleum Company		Well API No. 30-039-24934
Address 300 W. Arrington, Suite 200, Farmington, NM 87401		
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)		
New Well ☐	Change in Transporter of:	
Recompletion ☐	Oil ☐ Dry Gas ☒	
Change in Operator ☐	Crudehead Gas ☐ Condensate ☐	
If change of operator give name and address of previous operator _____		

II. DESCRIPTION OF WELL AND LEASE

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Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Pore	Lease No.
San Juan 31-6 Unit	221	Basin Fruitland Coal		SF-078999
Location				
Unit Letter <u>K</u> : <u>1368</u> Feet From The <u>South</u> Line and <u>1850</u> Feet From The <u>West</u> Line Section <u>33</u> Township <u>31N</u> Range <u>6W</u> , <u>NMPM</u> Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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Name of Authorized Transporter of Oil ☐ or Condensate ☐					Address (Give address to which approved copy of this form is to be sent)				
None									
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒					Address (Give address to which approved copy of this form is to be sent)				
Williams Field Services Company					P.O. Box 58900, Salt Lake City, UT 84158-0900				
If well produces oil or liquids, give location of tanks.		Unit	Sec.	Twp.	Rge.	Is gas actually connected?		When? Attn: Claire Potter	

IV. COMPLETION DATA

[illegible]

V. TEST DATA AND REQUEST FOR ALLOWABLE

V. TEST OF OIL WELL

(Test must be after recovery of local volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

OIL WELL		
(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowance for this well or the gas production allowance for this well.)		
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.

RECEIVED

APR 15 1991

GAS WELL

GAS WELL		OIL 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

VL 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. Roberts

Signature L. E. Robinson Sr. Drlg. & Prod. Engr

Printed Name	
4-	-9

Date _____

Data

Sr. Drlg. & Prod. Engr

(505) 599-3412

Telephone _____

Telephone No. _____

OIL CONSERVATION DIVISION

APR 15 1991

Date Approved

By

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.