

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Phillips Petroleum Company

Well API No.
30-039-24972

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	☐ 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 San Juan 31-6 Unit	Well No. 218	Pool Name, Including Formation Basin Fruitland Coal			
Location					
Unit Letter H : 1999		Feet From The North Line and 1280		Feet From The East Line	
Section 34	Township 31N	Range 6W	NMPM		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 Cashead Gas ☐ or Dev 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	
☐ If well produces gas from any other lease or pool, give commingling order number: _____									

IV. COMPLETION DATA

If this production is commingled with that from any other well or pool, give name of pool and well 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			
TUBING, CASING AND CEMENTING RECORD										
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL <i>(Test must be after recovery of total volume of load)</i>	
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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

GAS WELL		Bbls. Condensate/MSCF		Gravity of Gas (Sp. Gr.)
Actual Prod. Test - MCF/D	Length of Test	Casing Pressure (Shut-in)		Choke Size
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)			

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 Sr. Dirg. & Prod. Engr
Printed Name L. E. Robinson Title
4-11-91 (505) 599-3412
Date 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.

- 1) Request for allowance must be filed 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.