

DISTRICT I  
P.O. Box 1940, 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>30-045-22983 |
| Address<br>5525 Hwy 64 NBU 3004, Farmington, NM 87401                                              |                                                                                                                                                                           |                              |
| Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) |                                                                                                                                                                           |                              |
| New Well <input type="checkbox"/>                                                                  | Change in Transporter of:<br>Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/><br>Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | Pool Name Change to add sand |
| Recompletion <input type="checkbox"/>                                                              |                                                                                                                                                                           |                              |
| Change in Operator <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 32-7 Unit                                                                                                                                                                                    | Well No.<br>48 | Pool Name, Including Formation<br>S. Los Pinos Fruitland Sand | PC | Kind of Lease<br>State, Federal or Foreign | Lease No.<br>SF-078543 |
| Location<br>Unit Letter <u>D</u> : <u>900</u> Feet From The <u>North</u> Line and <u>1030</u> Feet From The <u>West</u> Line<br>Section <u>35</u> Township <u>32N</u> Range <u>7W</u> , <u>NMPM</u> San Juan County |                |                                                               |    |                                            |                        |

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

|                                                                                                                                                    |                                                                                                                           |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/><br>Meridian Oil Transporters Inc  | Address (Give address to which approved copy of this form is to be sent)<br>3535 E. 30th, Farmington, NM 87401            |       |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/><br>Northwest Pipeline Co. | Address (Give address to which approved copy of this form is to be sent)<br>PO Box 58900, Salt Lake City, Utah 84158-0900 |       |
| 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 |          |        |              |            |            |
| 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 on the first 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.                                 |
|                                                                                                                                                            |                 | Choke Size                                    |
|                                                                                                                                                            |                 | MAR 31 1993                                   |
|                                                                                                                                                            |                 | OIL CON. DIV.                                 |
|                                                                                                                                                            |                 | DIST. 8                                       |

### 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.

L. E. Robinson  
Signature  
L. E. Robinson Sr. Drlg. & Prod. Engr.  
Printed Name  
3-29-93  
Date  
(505) 599-3412  
Telephone No.

### OIL CONSERVATION DIVISION

MAR 31 1993  
Date Approved  
By Brian D. Chang  
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.