

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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Operator Phillips Petroleum Company		Well API No. 30-045-27565
Address 300 W. Arrington, Suite 200, Farmington, NM 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 San Juan 32-7 Unit	Well No. 210	Pool Name, Including Formation Basin Fruitland Coal Gas	Kind of Lease State, Federal or Free	Lease No. E-503
Location Unit Letter <u>I</u> : <u>2001</u> Feet From The <u>South</u> Line and <u>1137</u> Feet From The <u>West</u> Line Section <u>36</u> Township <u>32N</u> Range <u>7W</u> , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
None						
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Northwest Pipeline Corporation					P. O. Box 58900, Salt Lake City, UT 84158	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When? Attn: Patt Rodgers
					NO	

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	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
3-16-90	Perf'd 4-19-90		3490'			3438'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
6703' GR	Fruitland		3379'			3428'			
Perforations						Depth Casing Shoe			
3379'-3435'						3370'			
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
12-1/4"	9-5/8" 36# J-55		251.8'			250 Sx Class "C"			
8-3/4"	7" 23# J-55		3370'			500 sx 65/35 Poz + 150			
7"	5-1/2" 23# P110 liner		3435'			not cemented			
5-1/2"	2-7/8" 6.5#		3428'						

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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

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 MAY 08 1990

GAS WELL

Actual Prod. Test - MCF/D 1060'	Length of Test 1 Hr.	Bbls. Condensate/MMCF	Gravity of Condensate DIST. ?
Testing Method (pilot, back pr.) Pitot	Tubing Pressure (Shut-in) 150	Casing Pressure (Shut-in) 150	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.

J. L. Napier by ap

J. L. Maples, Assist. Reg. & Pro.

Printed Name _____

5/3/90

Date

(915) 367-1411

Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 14 1990

By ORIGINAL SIGNED BY ERNIE BUSCH

Title DEPUTY OIL & GAS INSPECTOR, DIS. #2

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.