

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator PHILLIPS PETROLEUM COMPANY		Well API No. 30-045-28777
Address 5525 HWY 64 NBU 3004, FARMINGTON, NEW MEXICO 87401		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) #3		
New Well <input checked="" type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
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 SAN JUAN 32-7 UNIT	Well No. 233	Pool Name, Including Formation BASIN FRUITLAND COAL	Kind of Lease State Federal or Foreign	Lease No. SF-078460
Location Unit Letter <u>L</u> : <u>1691</u> Feet From The <u>South</u> Line and <u>977</u> Feet From The <u>West</u> Line Section <u>20</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 type="checkbox"/> NONE	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> WILLIAMS FIELD SERVICES	Address (Give address to which approved copy of this form is to be sent) PO BOX 58900, SALT LAKE CITY, UTAH 84158	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? <input type="checkbox"/> 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
		X	X					
Date Spudded 11-9-92	Date Compl. Ready to Prod. 11-19-92	Total Depth 2968'		P.B.T.D. 2968'				
Elevations (DF, RKB, RT, GR, etc.) 6291' GL	Name of Producing Formation Fruitland	Top Oil/Gas Pay 2869'		Tubing Depth 2854'				
Perforations Coal Intervals 2869'-2955'				Depth Casing Shoe				

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8", 36#, K-55	287' KB	200 Sx C1 G, Circ 12 Bbls
8-3/4"	7", 23#, J-55	2830'	425 Sx 65/35 Poz, 150 Sx
6-1/4"	Open Hole	-	C1 G, Circ 40 Bbls
	2-3/8", 4.7#	2854'	

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

Actual Prod. Test - MCF/D 984	Length of Test 1 Hr.	Bbls. Condensate/Gal. Wtr 480/Wtr	Gravity of Condensate
Testing Method (pilot, back pr.) Pitot	Tubing Pressure (Shut-in) 0	Casing Pressure (Shut-in) 1260	Choke Size 2"

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the information given on this form is true and correct to the best of my knowledge and belief.

R. A. Allred
Signature
R. A. Allred Drilling Supervisor
Printed Name
12-10-92 (505) 599-3412
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 12 1993
By [Signature]
Title SUPERVISOR DISTRICT #3

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.