

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF OPERATOR	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

5-18-83 3018/R  
6-7-83 3014/R

Operator Joseph B. Gould	
Address 2829 East 2nd Avenue, Suite 212, Denver, Colorado 80206	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
	Gas pipeline connection
	Add gas transporter

If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name Phillips 32	Well No. 2-22	Pool Name, Including Formation West Lind. Gallup/Dak.	Kind of Lease State, Federal or Fee Federal	Lease No. Sf079549
Location Unit Letter 0 ; 330 Feet From The South Line and 2310 Feet From The East				
Line of Section 32 Township 25N Range 3W, NMPLM, Rio Arriba County				

## 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)	
Giant Refining Company	Box 256, Farmington, N.M. 87499	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas	P.O. Box 990, Farmington, N.M. 87499	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	1wp.	Rge.
		Is gas actually connected? When
		Yes June 4, 1983

If this production is commingled with that from any other lease or pool, give commingling order number:

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded Dec. 29, 1982	Date Compl. Ready to Prod. March 10, 1983	Total Depth 7966	P.B.T.D. 7910					
Elevations (DT, RT, GR, etc.) 7116 KB	Name of Producing Formation Gallup Dakota	Top Oil/Gas Pay 6810	Tubing Depth 7840					
Perforations 6810-6970 Gallup 7620-7862 Dakota			Depth Casing Shoe 7960					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2	8-5/8		313		250			
7-7/8	4 1/2		7960		1000 2 stages			
	2-3/8		7840					

## 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 Tanks March 10, 1983	Date of Test March 10, 1983	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 12 hrs.	Tubing Pressure 250	Casing Pressure 800	Choke Size 2" open line
Actual Prod. During Test 800	Oil-Bbls. 600	Water-Bbls. 500 est.	Gas-MCF

RECEIVED

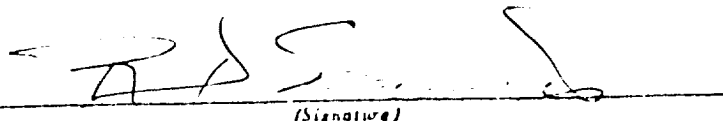
JUN 7 1983

OIL CON. DIV  
DIST. 3

GAS WELL		OIL CON. DIV	
Actual Prod. Test-MCF/D	Length of Test	Gravity of Condensate	
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Choke Size	

## 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)

Agent

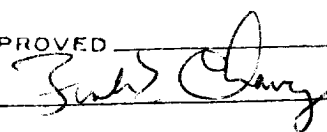
June 6, 1983 (Date)

(Date)

## OIL CONSERVATION DIVISION

APPROVED

BY



SUPERVISOR DISTRICT # 3

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.