Appropriate District Office DISTRICTS P.O. Box 1980, Hobbs, NM 88240

DISTRICT E P.O. Drawer DD, Artesia, PM 88210

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Ener , Minerals and Natural esources Department

Revised 1-1-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION P.O. Box 2088

Saria Pe, New Mexico 8-504-2088

DISTRICT III
1000 Rio Brazza Rei, Azzac, NM 87410
REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

PHILLIPS PETROLEUM COMPANY							3003907617					
Address 5525 HWY 64 NBU 3004	, FARMING	TON, N	IEW ME	EXICO	87401					٠.		
Resson(s) for Filing (Check proper bo			_		Oth	es (Piease explo	id)	/				
New Well Recompletion	Oil	Charge is:	Transport Dry Cas				•	•				
Change in Operator	Casinghead	104 🗌	-			المن المناسبين ا	·					
I change of operator give name and address of previous operator					<del></del>					<del></del>		
IL DESCRIPTION OF WEI	L AND LEA	SE	<del></del>					<del> </del>		<del></del>		
Lease Name San Juan 29-5		Well No.						Kind of Lease State, Federal or Fee		Lease Na		
Location						<u> </u>	<del></del>		_ <del> </del>			
Unit LetterL	990	<del></del>	Poet Pror	n The	west u	165	<u>0</u> ₽•	ot Prom The So	uth	Lise		
Section 16 Tow	<b>whip</b> 291	1	Range	<u>5W</u>	N	MPM, Ri	o Arri	ba		County		
III. DESIGNATION OF TR	ANSPORTE	R OF OI	L AND	NATU	RAL GAS							
Name of Authorized Transporter of O		or Condensate			Address (Give address to which approved copy of this form is to be sent) 3535 E. 30th. St., Farmington, NM 87401							
Meridian Oil Transpo Name of Authorized Transporter of C								copy of this form				
Williams Field S	ervices.									84158-09		
If well produces oil or liquids, pive location of tanks.	Unit	Sec.	Тир	Kge	is gas actual	y connected?	Woes	Attn:	Claii	re Potter		
If this production is commingled with	hat from any oth	er lease or p	ood, give	comming	ing order numi	)er:						
IV. COMPLETION DATA		Oil Well	Q	u Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'y		
Designate Type of Complete		L Ready to	<u>.l</u> .		Total Depts	Î	<u> </u>	P.B.T.D.		1		
Date Spudded	Date Court	L MALY ID	T IVE					7.3.1.0.	and a second of the second			
Elevations (DF, RAB, RT, GR, etc.)	Name of Pr	oducing Fo	rmALion		iop Critici	iop Children Pay			Tubing Depth			
Perforations								Depth Casing Shoe				
		IDNC	CASIN	C AND	CEMENT	NC PECOP	<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·			
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
								ļ				
V. TEST DATA AND REQU	FST FOR A	LLOWA	BLE		<u> </u>			<u> </u>				
OIL WELL (Test must be af	er recovery of to	tal volume	of load oi	l and must					full 24 ho	urs.)		
Date First New Oil Rua To Tank	Date of Ter	4			Producing M	ethod (Flow, pu	emp, gas lift, e	e)	00	ANER	1	
Length of Test	Tubing Pre	Tubing Pressure			Casing Pressure			TORECEIVED				
Actual Prod. During Test	Oil - Bbls.			<del></del>	Water - Bbia			Gas MCF	UN 4	1991		
					<u> L</u>				<u> </u>	J. DIV.		
GAS WELL Actual Froil Test - MCF/D	Leagth of	ra-e			Bbls Conde	mis AMACE		OIL Gravity of Co		A. DIA.		
Actual Prof. 188 - MCND	Leagur Ca							<b>Louis</b>				
Testing Method (pitot, back pr.)	Tubing Fre	Tubing Pressure (Shut-in)			Casing Pressure (Stul-ia)			Contraction of the second				
VL OPERATOR CERTIF	ICATE OF	COMP	LIAN	CE	<u>}</u>							
I hereby certify that the rules and t	egulations of the	Oil Conser	vation				NSERV.	ATION D	NAISI	ΟN.		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved							
L& Koleman						0 4 1991						
Signature		.1	D 1	F	By_		7 1634		<del></del>	<del></del>		
L. E. Robinson Pristed Name		Sr. Drlg. & Prod.Engr.				Title						
5-30-91 Date	(505)	599-34	412 phone No	3.		SUP	EAVISO	DISTRIC	7 /3			
			-		_11							

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.