

OIL CONSERVATION DIVISION

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

For Instructions
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REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.		Well APN No.
Operator PHILLIPS PETROLEUM COMPANY		
Address 300 W ARRINGTON, SUITE 200, FARMINGTON, NM 87401		
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)		
New Well ☐	Change in Transporter of:	
Recompletion ☐	Oil ☐	Dry Gas ☐
Change in Operator ☒	Casinghead Gas ☐	Condensate ☐
If change of operator give name and address of previous operator Northwest Pipeline Corp., 3535 E. 30th, Farmington, NM 87401		
II. DESCRIPTION OF WELL AND LEASE		
Lease Name San Juan 29-5 Unit	Well No. 49	Pool Name, Including Formation BLANCO MESAVERDE
Kind of Lease State, Federal or Foreign		Lease No.
Location Ush Letter M : 990 Feet From The South Line and 990 Feet From The West Line		
Section 9 Township 29N Range 5W, NM 87401 Rio Arriba County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Gary Energy	☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Bloomfield, NM 87413
Name of Authorized Transporter of Casinghead Gas Northwest Pipeline Corp.	☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent) P.O. Box 58900, SLC, Utah 84158-0900
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? When? Attn: Claire Potter
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	DIT 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 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	RECEIVED APR 01 1991
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

GAS WELL		Bbls. Condensate/MMCF		OIL CON. DIV. DIST. 3
Actual Prod. Test - MMCF/D	Length of Test	Casing Pressure (Sub-in)	Choke Size	
Testing Method (grip, back pr.)	Tubing Pressure (Sub-in)	Casing Pressure (Sub-in)		

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.

Signature L. E. Robinson Sr. Drlg. & Prod. Engr.
Printed Name L. E. Robinson Title
Date APR 01 1991 (505) 599-3412 Telephone No.

OIL CONSERVATION DIVISION

APR 01 1991

Date Approved

By

James 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.