

DISPATCH
P.O. Box 100, Arcata, NM 86210

DISTRICT 11
1000 E. 1st St., Aztec, NM 87410

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator PHILLIPS PETROLEUM COMPANY		Well AM No.
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 type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Condensate <input type="checkbox"/>	Gas <input type="checkbox"/>
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 29-6 Unit	Well No. 10A	Pool Name, Including Formation BLANCO MESAVERDE	Kind of Lease State, Federal or Private	Lease No.
Location Unit Letter P Section 1010 Feet From The East Line and 81.0 Feet From The South Line Section 2 Township 29N Range 6W NMPM Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

III. DESIGNATION OF AUTHORIZED TRANSPORTER OF OIL OR GAS Name of Authorized Transporter of Oil <input type="checkbox"/> or Gas <input checked="" type="checkbox"/> <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Gary Energy</u>					Address (Give add ess to which approved copy of this form is to be sent) <u>P.O. Box 159, Bloomfield, NM 87413-</u>	
Name of Authorized Transporter of Outgassed Oil <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Northwest Pipeline Corp.</u>					Address (Give add ess to which approved copy of this form is to be sent) <u>P.O. Box 58900, SLC, Utah 84158-0900</u>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rgn.	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

[illegible]

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of flood oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

OIL WELL		
(Print name of well, location of well, bearing of road the well tract is upon as to location of well, and name of owner of well)		
Date First New Oil Rse 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.

RECEIVED
 APR 01 1991

GAS WELL

Actual Prod. Test - MCFD	Length of Test	Bld. Condensate/MMCF	Gravity of Condensate DIST. 9--
Flowing Method (pilot, back pr.)	Flowing Pressure (Shut-in)	Casing Pressure (Shut-in)	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.

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

OIL CONSERVATION DIVISION

APR 01 1991

Date Approved _____
By Burt D. Shaw
Title SUPERVISOR DISTRICT #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- INSTRUCTIONS:** This form is to be used 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.