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

P.O. Drawer DD, Ancela, NM 88210

DISTRICT MI 1000 Rio Brazos Rd., Asiec, NM 87410

Ener ', Minerals and Natura' esources Department

OIL CONSERVATION DIVISION P.O. Box 2088 Sarta Fe, New Mexico 8°504-2088

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

000 Rio Brazos Rd., Aziec, NM 8/410		OR ALLOWA							
Operator		ANSPORT O	IL AND NA	TUHAL G		DI Na			
PHILLIPS PETROLEUM COM	PANY			/	30	0392156	1		
5525 HWY 64 NBU 3004,	FARMINGTON,	NEW MEXICO		/				٠.	
Reason(s) for Filing (Check proper box)	Ome	Transporter of:	Cop	et (Please expl	oin)				
New Well Recompletion		Dry Cas						1	
Change in Operator	Casinghead Ons								
change of operator give name ad address of previous operator									
L DESCRIPTION OF WELL	AND LEASE								
Lesse Name		Pool Name, Inch	_	1		of Leaso Poderal or Pos	"	ease No.	
San Juan 29-6 Unit	t 18A	Blanco	Mesave	erae			ــــــــــــــــــــــــــــــــــــــ		
Unk LetterE	, 1550	Feet Prom The N	orth Lb	800 bes		et From The W	est		
Section 5 Township	29N	Range 6W	. 'N ī	MPM. Ri	o Arri	ha ha		County	
					<u>~</u>				
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTER OF O		Address (Giv	e address to wi	hich approved	copy of this for	n is to be se	m)	
Meridian Oil Transporte			3535 E.	. 30th. S	St., Far	mington,	NM 87	401	
Name of Anthonized Transporter of Casing		or Dry Cas X	1		• •	copy of this for		1	
Williams Field Serv	Vices Comp Unit Sec.	Top Re				Lake Ci ¶Attn:			
ve location of tanks.	 	<u>i i i </u>		_	i				
this production is commingled with that I	from may other lease or	boof five commis	gling order num	ber:					
Designate Type of Completion	Oli Wel	Cas Well	New Well	Workover	Deepes	Plug Back S	eme Res'v	Diff Res'v	
Designate Type of Completion	Date Compt. Ready to	o Prod.	Total Depth	i	<u> </u>	PATA		J	
			•						
Devisions (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top UNICES	Top Circles Fay			Tubing Depth		
or for all cases	L	 	 _			Depth Casing	Shoe		
	THENC	CASING AND	CELEVIT	NO DECOD	ח				
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE		CENTENTING PECCED			SACKS CEMENT			
		· · · · · · · · · · · · · · · · · · ·	 -			 -			
			<u> </u>						
. TEST DATA AND REQUES	T FOR ALLOW	ABLE				a damb on he f-	6JI 24 L-	er 1	
OIL WELL (Test must be after re Date First New Oil Rus To Tank	Date of Test	of load oil and mu		ethod (Flow, pa			j=: 44 ROM		
							<u>sa</u> s	: 9 77 F	
ength of Test	Tubing Pressure		Casing Pross	1176		Coord Sir	≝ (2) (3	אַנו עו אַצּין	
Actual Fred During Test	Oil - Bbls.		Water - Bhis	•		Gas- MCP	JUN	4 1991	
	<u> </u>	 					1.00	N. DIV	
GAS WELL Actual Froil Test - MCF/D	Longth of Test		Bbla Concer	sale/MMCF	* * * * * * * * * * * * * * * * * * * *	Cravity of Co	F CO	T V2	
Armel Live Ing . Livera				ا ا				1. 3	
esting Method (pitot, back pr.)	Tubing Pressure (Shu	t-m)	Casing Press	ure (Shut-ia)		Choke Size			
VL OPERATOR CERTIFICA	ATE OF COM	PLIANCE	-			. 			
I hereby certify that the rules and regula	tions of the Oil Conse	rvation		OIL CON	NSERY	ATION D	IVISIC	אע	
Division have been complied with and the true and complete to the best of my ke	hat the information give	vez above	.		. •	N 0 4 199	I		
) /		Date	Approve	\$	d			
_ & Kolins				By SUPERVISOR DISTRICT 13					
L. E. Robinson	Sr. Drlg. &	Prod.Engr		S(renvis	OR DISTRI	CT #3		
Printed Name 5-30-91	(505) 599-3	Title 412	Title						
ラースマ・ フェ	- マンシンテーファラニコ		14						

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.

Telephone No.

- 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.