

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator PHILLIPS PETROLEUM COMPANY		Well APN No.
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 Salt Juan 29-6 Unit	Well No. 3A	Pool Name, including Formation BLANCO MESAVERDE	Kind of Lease State, Federal or Fee ☒	Lease No.
Location Unit Letter D : 790 Feet From The North Line and 790 Feet From The West Line Section 25 Township 29N Range 6W , NMPM Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Gary Energy	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 ☐ or Dry Gas ☒ Northwest Pipeline Corp.	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. Top. 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

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff 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		BACKS 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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing 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

Date Approved **APR 01 1991**

By *[Signature]*
Title **SUPERVISOR DISTRICT #3**

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.