

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1940, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

Energy, Mineral and Natural Resources Department

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

Operator PHILLIPS PETROLEUM COMPANY	Well API No. 30-039-25076
Address 5525 HWY 64 NBU 3004, FARMINGTON, NEW MEXICO 87401	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name SAN JUAN 29-5 UNIT	Well No. 226	Pool Name, Including Formation BASIN FRUITLAND COAL	Kind of Lease Sole, Sublease Fee	Lease No.
Location Unit Letter <u>N</u> : <u>971</u> Feet From The <u>South</u> Line and <u>1362</u> Feet From The <u>West</u> Line Section <u>7</u> Township <u>29N</u> Range <u>5W</u> , <u>NMPM</u> Rio Arriba County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> NONE	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> WILLIAMS Field Service	Address (Give address to which approved copy of this form is to be sent) PO BOX 58900, SALT LAKE CITY, UTAH 84158	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
		Is gas actually connected? When?

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
		X	X					
Date Spudded 9-7-92	Date Compl. Ready to Prod. 9-17-92	Total Depth 3336'		P.B.T.D. 3335'				
Elevations (DF, RKB, RT, GR, etc.) 6473' GL	Name of Producing Formation Fruitland	Top Oil/Gas Pay 3234'		Tubing Depth 3287'				
Perforations 3234'-3330'				Depth Casing Shoe				
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
12-1/4"	9-5/8", 36#, K-55	287'		205 Sx C1 G, Circ 95 Sx				
8-3/4"	7", 23#, J-55	3230'		425 Sx 65/35 Poz, 150 Sx				
6-1/4"	5-1/2", 23#	3335'		C1 G, Circ 173 Sx				
	2-3/8", 4.7#	3287'						

**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 at the 1st 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 OCT 14 1992
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF OIL CON. DIST.

**GAS WELL**

Actual Prod. Test - MCF/D 328	Length of Test 1 Hr.	Bbls. Condensate/Wtr 15/Wtr	Gravity of Condensate
Testing Method (pilot, back pr.) Pitot	Tubing Pressure (Shut-in) 1200	Casing Pressure (Shut-in) 1200	Choke Size 2"

**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.

Gail Bearden for R. A. Allred  
Signature  
R. A. Allred Drilling Supervisor  
Printed Name  
10-13-92 (505) 599-3412  
Date Telephone No.

**OIL CONSERVATION DIVISION**  
OCT 14 1992

Date Approved  
By Brian 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.