

# OIL CONSERVATION DIVISION

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

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

DISTRICT III  
1000 Rio Brazos Rd., A. Soc., NM 87410

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

Operator PHILLIPS PETROLEUM COMPANY		Well API No. 30-039-25297
Address 5525 Hwy. 64, NBU 3004, Farmington, NM 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 30-5 Unit	Well No. 247	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, Federal or <del>Foreign</del>	Lease No. SF-078738
Location Unit Letter <u>G</u> : <u>2075'</u> Feet From The <u>North</u> Line and <u>1549'</u> Feet From The <u>East</u> Line Section <u>26</u> Township <u>30N</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"/>	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"/>	Address (Give address to which approved copy of this form is to be sent)	
Williams Field Service <u>3564465</u>	P.O. Box 58900, Salt Lake City, UT 84158-0900	
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 9-2-93	Date Compl. Ready to Prod. 9-30-93		Total Depth 3649'			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) 6950 GR	Name of Producing Formation Basin Fruitland Coal		Top Oil/Gas Pay 3558'-3636'			Tubing Depth 3294'		
Perforations Open Hole Intervals 3558' - 3636'								

### TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8" 36#, J-55	320'	250 Sx C1 B + 1/4" sx celled
8-3/4"	7", 23# J-55	3520'	500 sx 65/35 POZ +
2-3/8"	4-7#	3294'	150 sx Class B

### 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 210	Length of Test 1 hr	Bbls. Condensate/M/MCF 90 wtr bpd	Gravity of Condensate
Testing Method (pilot, back pr.) Pitot	Tubing Pressure (Shut-in) SI	Casing Pressure (Shut-in) 32	Choke Size 2"

### VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division are true and complete to the best of my knowledge and belief.

Signature Ed Hasely  
Printed Name Ed Hasely Environmental Engineer  
Date October 5, 1993 Telephone No. (505) 599-3460

### OIL CONSERVATION DIVISION

Date Approved 001 15 1993  
By Original Signed by CHARLES GRULSON  
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.