

DISTRICT I
P.O. Box 1960, Hobbs, NM 88240

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 8 504-2088

See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator PHILLIPS PETROLEUM COMPANY	Well API No. 30-039-24639
Address 300 W. Arrington, Suite 200, Farmington, NM 87401	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain)	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 31-6 Unit	Well No. 215	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease (State, Federal or Fee)	Lease No. E-347-38
Location Unit Letter <u>K</u> : <u>2008</u> Feet From The <u>South</u> Line and <u>1780</u> Feet From The <u>West</u> Line Section <u>36</u> Township <u>31N</u> Range <u>6W</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"/> Northwest Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) 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? Attn: Patt Rodgers

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 6-24-90	Date Compl. Ready to Prod. Perf'd 10-13-90		Total Depth 3347'		P.B.T.D. 3345'			
Elevations (DF, RKB, RT, GR, etc.) 6545' GL	Name of Producing Formation Fruitland		Top Oil/Gas Pay 3200'		Tubing Depth 3313.60'			
Performances 3200' - 3343'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8", 36#, J-55		287' 3"		250 SX C1 G-Circ. 95 SX			
8-3/4"	7", 23#, J-55		3152.53'		500 Sx 65/35 Poz. 150 Sx			
6-1/4"	5-1/2", 23#, P110		3345'		C1 "G", Circ 122 Sx			
	2-3/8", 4.7#, J-55		3313.60'					

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	RECEIVED OCT 23 1990
-----	-----	-----	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	
-----	-----	-----	

GAS WELL

Actual Prod. Test - MCF/D 781	Length of Test 1 Hr.	Bbls. Condensate/MCF 15/Wtr	Gravity of Condensate -----
Testing Method (pilot, back pr.) Pitot	Tubing Pressure (Shut-in) 1475	Casing Pressure (Shut-in) 1475	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.

Signature R. A. Allred Drilling Supervisor
Printed Name R. A. Allred Title
Date 10-18-90 Telephone No. (505) 599-3412

OIL CONSERVATION DIVISION

OCT 26 1990

Date Approved

By Original Signed by FRANK T. CHAVEZ

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.