

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Phillips Petroleum Company		Well API No.
Address 5525 Hwy 64 NBU 3004, 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		

II. DESCRIPTION OF WELL AND LEASE				
Lease Name San Juan 31-6 Unit	Well No. 217	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter	M	: 790	Feet From The	South Line and 790' Feet From The
Section	35	Township	31N	Range 6W, NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil ☐ or Condensate ☐				Address (Give address to which approved copy of this form is to be sent)		
None						
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒				Address (Give address to which approved copy of this form is to be sent)		
Phillips Petroleum Company				5525 Hwy 64 NBU 3004, Farmington, NM 87401		
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	
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			

[illegible]

V. TEST DATA AND REQUEST FOR REEVALUATION
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.)

OIL WELL			
(Test must be after recovery of well bottom of well is within 100 ft. of surface)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Coke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test - MCF/D	Length of Test		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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 O. J. Mitchell Production Foreman Tale
Printed Name 10-13-92 (505) 599-3412
Date _____ Telephone No. _____

OCT 22 1992

By

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.