

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 K. S. Brasco Rd., Aztec, NM 87410

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

Operator PHILLIPS PETROLEUM COMPANY		Well APN No. 30-039-24944
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 31-6 UNIT	Well No. 229	Pool Name, including Formation BASIN FRUITLAND COAL	Kind of Lease (State, Federal or Other)	Lease No. SF-078995
Location Unit Letter <u>L</u> : <u>1810</u> Feet From The <u>South</u> Line and <u>1111</u> Feet From The <u>West</u> Line Section <u>28</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"/> WILLIAMS FIELD SERVICES CO.	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? <input type="checkbox"/>
				When? <u>ATTN: CLAIRE POTTER</u>

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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 10-30-90	Date Compl. Ready to Prod. Perf'd 8-10-91		Total Depth 3366'		P.T.D. 3364'			
Elevations (DF, RKB, RT, GR, etc.) 6501' GL	Name of Producing Formation Fruitland		Top Oil/Gas Pay 3128'		Tubing Depth 3317'			
Perforations 3128'-3360'					Depth Casing Shoe			

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8", 36#, K-55	287.68'	250 Sx Cl B, Circ 90 Sx
8-3/4"	7", 23#, J-55	3105.21'	500 Sx 65/35 Poz, 150 Sx
6-1/4"	5-1/2", 23#, P110	3365'	Cl G, Circ 134 Sx
	2-3/8", 4.7#, J-55	3317'	

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of liquid oil and must be equal to or exceed top allowable for this depth or higher for (see 21 CFR 12.104))

Date First New Oil Run To Tank	Date <u>DEC 13 1991</u>	Producing Method (Flow, pump, gas lift, etc.)	<u>RECEIVED</u>
Length of Test	Tubing Pressure <u>DEC 13 1991</u>	Casing Pressure	<u>RECEIVED</u>
Actual Prod. During Test	Oil - Bbls <u>OIL CON. D.</u>	Water - Bbls	<u>OIL CON. DIV.</u>
	<u>DIST. 3</u>		<u>DIST. 3</u>

GAS WELL

Actual Prod. Test - MCF/D 404	Length of Test 1 hr.	Bbls. Condensate/1000 75/Wtr	Gravity of Condensate
Testing Method (pilot, back pr.) Pitot	Tubing Pressure (Shut-in) 100	Casing Pressure (Shut-in) 1100	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.

R.A. Allred
 Signature
 R.A. Allred Drilling Supervisor
 Printed Name
 9-26-91 Title
 Date (505) 599-3412
 Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 13 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.