Revised 1-1-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

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

DISTR' TEN 1000 K 3 Brazos Rd. Azioc, NM 87410

DISTRICT A P.O. Drawer DD, Arcella NM 84210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TOTRANSPORT OIL AND NATURAL GAS

Operator							Wall	Well AM No.			
PHILLIPS PETROLEUM COMPANY							30	30-039-24945			
Address											
5525 Hwy 64 NBU 300		mington	n, N	™ 8740:						• .	
Reason(a) for Filing (Check proper box,	,	<b>~</b>	_		[] 09	et (Please exp	(ain)				
	Off	Change in	Dry (								
Recompletion		=4 O=# []									
Change in Operator  If change of operator give name	Canada		Caso		<del></del>						
and address of benjors obesitos					<del></del>			<del></del>			
IL DESCRIPTION OF WELL	L AND LE	EASE									
Lese Name	Well No. Pool Name, Includ			ing Formation			Kind of Lesses		Lease No.		
SAN JUAN 31-6 UNIT		231 BASIN FRU			ITLAND COAL			Federal en:Pas	SF-078999		
Location									_		
Unit Letter L	: <u>1</u>	418	. Pod	Prom The	South Lb	e and	<u>7.</u>	ed From The	West	Line	
					/ T T		D.			_	
Section 27 Towns	hip 3	IN_	Russ	<u> </u>	6W N	MP <b>M</b> ,	Rio	Arriba		County	
W DESIGNATION OF TRA	NSPORTI	F <b>R</b> (AF (1)	TT . A1	ND NATE	DAI CAC						
III. DESIGNATION OF TRANSPORTER OF OIL AND NAT Name of Authorized Transporter of Oil or Condensate					Address (Give address to which approved copy of this form is to be sent)						
NONE					1		••				
	ne of Authorized Transporter of Casinghead Gas or Dry Gas X				Address (Gin	e address to w	hich approved	l copy of this for	14 14 ct m	cret)	
WILLIAMS FIELD SERVI		<b>.</b>			P.O. BO	X 58900.	SALT LA	KE CITY.	UT 8415	58-0900	
If well produces oil or liquids,	Unit	Sec	Lak	Rp	ls gus schul	y consected?	When	ATTN:	CLAIRE	POTTER	
rive location of make.	┩——	<u> </u>	<u>L</u>		J	<del></del>					
Y this production is commingled with the	at from any of	ther lease or	pool, s	igwa comunist	ding order num	ber:	<del></del>				
IV. COMPLETION DATA		0274			γ	· · · · · · · · · · · · · · · · · · ·	Υ	1 1	Bash	Diff Resty	
Designate Type of Completion	n - (X)	Ol Well	' !	Cas Well	New Well	Workover	Doepes	Plug Back  S	ANDE JAN V	Dui Kasv	
Date Spudded		npl. Ready to	Prod		Total Depth	l	J	PATA			
10-21-90		Perf'd 7-29-91			3328'			3326'			
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
6448'	Fruitland				3	30541 RIP 6			3317;		
Performices					<del></del>			Depth Caring	Shoe		
3176'-3326'								<u> </u>			
					CEMENTI			· · · · · · · · · · · · · · · · · · ·			
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
12-1/4"		9-5/8".36#.K-55				266.45' 3141.30'			250 Sx Cl B, Circ 123 S 500 Sx 65/35 Poz 150 S		
<b>8-3/4"</b> 6-1/4"		<b>7",23#,J-55</b> 5-1/2",23#, P110				3327			Cl B, Circ 92 Sx		
6-1/4		2-3/8", 23#, P110				3317			D, OILC	- J2 5K	
V. TEST DATA AND REQUE	EST FOR	ALLOW	ABL	E				<u>., </u>			
OIL WELL (Test must be after	י אינטיטין ק	total volume	of loc	d oil and mu	n be equal to a	exceed top all	lowable for th	is depth or be fo	r full 24 No	A27	
Date First New Oil Rus To Teak	Date of T	cal .			Producing M	ictical (Flow, p	ump, gas lift,	DEC		VEN	
								U) 15 U		A R I	
Length of Test	Tubing P	Tubing Pressure				W78		Spicke Size			
									<del>708</del> 19	91	
tuel Prod. During Test Oil - Bbls.				Water - Bola.			Gu MC	، ، ،	0134		
								TOILE	ON.	<del>- 111/</del>	
GAS WELL						<del></del>		10-10-1	DIST. 3	L	
Actual Prod. Test - MCF/C	Leagon of	Leagh of Test			Bbla Cooksetic MMCK			Gravity of Condenside			
183	Tubine B	l hr. Tubing Freezur (Shut-in)				929/Wtr Casing Pressure (Shut-in)			Choke Size		
Testing Method (pilot, back pr.)		1400				1420					
Pitot				1100	-{r	120		2"			
VL OPERATOR CERTIFIC	CAIE U	r COMI		INCE	- 11 .	OIL CO	NSERV	'ATION [	DIVISI	ON	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with said that the information given above						<b></b>	_				
B and The condition to the car of all the majority and proper					ا ا			UG 2 7 19	91		
0 0000	\ /	•			Dali	B Approvi	<b>50</b>	A		· · · · · · · · · · · · · · · · · · ·	
Kulle	w	<u> </u>				•	3	d.	_/		
Signature	D	Ded 11 de a Composidado									
R.A. Allred	Drill	Drilling Supervisor				SUPERVISOR DISTRICT #3					
8-6-91	(505)	599-34		•	Title	)					
Date			ephon	e No.	1						
			•								

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.