

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., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Phillips Petroleum Company		Well API No. 30-045-27867
Address 300 W. Arrington, Suite 200, 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: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Recompletion <input type="checkbox"/>		
Change in Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 32-8 Unit	Well No. 224	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease SWM, Federal or P	Lease No. SF-079004
Location Unit Letter <u>B</u> : <u>800</u> Feet From The <u>North</u> Line and <u>1657</u> Feet From The <u>East</u> Line Section <u>10</u> Township <u>31N</u> Range <u>8W</u> , <u>NMPM</u> San Juan 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 84108	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Top.	Rge.
	Is gas actually connected? <input type="checkbox"/> 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 7-5-90	Date Compl. Ready to Prod. Perf'd 8-6-90		Total Depth 3628'		P.T.D. 3628'			
Elevations (DF, RKB, RT, GR, etc.) 6738' GL	Name of Producing Formation Fruitland		Top Oil/Gas Pay 3404'		Tubing Depth 3609'			
Perforations 3404' - 3606'					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	284'	250 SX C1 G, Circ 104 SX
8-3/4"	7", 23#, J-55	3367'	500SX 65/35 Poz
	5-1/2",		150 SX CL G-Circ 104 SX
	2-3/8",	3609'	None

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 -----N/A-----	Date of Test -----
Length of Test -----	Producing Method (Flow, pump, gas lift, etc.) -----
Actual Prod. During Test -----	Tubing Pressure -----
	Casing Pressure -----
	Water - Bbls. 15
	Gas - MCF -----

GAS WELL

Actual Prod. Test - MCF/D 2416	Length of Test 1 Hr.	Bbls. Condensate/M/MCF	Gravity of Condensate
Testing Method (pilot, back pr.) Pitot	Tubing Pressure (Shut-in) 270	Casing Pressure (Shut-in) 1470	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
9-6-90 (505) 599-3403 Title
Date Telephone No.

OIL CONSERVATION DIVISION

8CT 1 1990
Date Approved
By 3-1-90, [Signature]
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.