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See Instructions of Bottom of Page

HCT ST FEWER DD, Arcela, NM \$8210

OIL CONSERVATION DIVISION P.O. Box 2088

		Sa	nta F	e, New M	exi∞ 8750	14-2088					
DISTRICT III 1000 Rio Brazos Rid., Azioc, NM 87410	DEO	HERT E	^n 4		NE AND	AL CYLLADI'	TATION				
-	HEU					AUTHORIA				•	
L. Openiar	TO TRANSPORT OIL AND NATURAL GAS						Wall 7	I Well API No.			
Phillips Petroleum Com	ompany							30-045-27868			
Address	iiputty .					····					
5525 Hwy 64 NBU 3004,	Farmin	ngton,	NM	8740	1 .					••	
Reason(s) for Filing (Check proper box)						es (Please expla	id				
New Well		Chapp is						•			
Recompletion	Oil		Dry C								
Change in Operator	Crainghe	ad Om []	Cood	combs 📗							
If change of operator give name and address of previous operator											
IL DESCRIPTION OF WELL	AND I E	ACP				•	••	****			
Less Name	Well No. Pool Name, Including For				ne Formation		Kind (Leus	L	ase Na	
San Juan 32-8 Unit	226 Basin Fru			-	oal		Charac Federal moder		79004		
Location	************		<u> </u>								
Unit Letter A	. 83	36	Rose 1	Arren The	North Line	end S	91 r.	et From The _	East	Une	
	~ '										
Section 15 Township	9	31N Range 8W				TPM,	S	San Juan County			
III. DESIGNATION OF TRAN	SPORTE	or Conden		UTAN DY	RAL GAS	oddress to wh	ich annand	more of this Go	ca is to be as	-d)	
Name of Authorized Transporter of Oil		OF COBORS	124		Accress (CIM	, 000E 633 HJ WA	en approved	wy y way			
None Name of Authorized Transporter of Casinghead Gas or Dry Gas					AMmes Kin	Address (Give address to which approved copy of this form is to be sent)					
Phillips Petroleum Com						525 Hwy 64 NBU 3004, Farmington, NM 87401					
M well produces oil or liquids,	Unit					Is gas actually connected? When ?					
give location of tanks.	<u>i</u>										
I this production is commingled with that i	from any of	her leave or p	pool, g	gainsmoo svi	ing order sumb	xer:					
V. COMPLETION DATA					·				<u> </u>	76:28	
Designate Type of Completion	- 00	Ol Well	ļ	Cas Well	New Well	Workover	Decpes	Plug Back	21Dt Ket A	Diff Res'v	
Data Spudded		pl. Ready to	Post		Total Depta		L	PATD.	L		
Dat shooms		y	•~~								
Devetions (DF, RKB, RT, GR, etc.)	Name of P	Name of Producing Formation				Top Oil/Gu Pay		Tubing Depth			
	, <u>, , , , , , , , , , , , , , , , , , </u>										
Performices					A			Depth Casing Shoe			
					,,			<u> </u>			
						NG RECOR	D	· ·	1000000	CAST	
HOLE SIZE	CA.	SING & TU	BING	SIZE	 	DEPTH SET		 	ACKS CEM	ENI	
		·····			ļ						
					 			 			
				·····	 						
Y. TEST DATA AND REQUES	T FOR	ALLOWA	BLE	3							
OIL WELL (Test must be after re	covery of h	cial volume	of load	oil and must	be equal to or	exceed top allo	moble for the	1	1 1 2 L	111 3rd	
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, pump, gas lift, a				2	L	
								Size	0 2 10	13	
Length of Test	Tubing Pressure				Caring Pressure			**************************************			
Land Davids Test	Oil - Bida.				Water - Bbla			ONE CON. DIV.			
Actual Prod. During Test								OIL COL			
									Alol.		
GAS WELL	11 44-4	Tare			Bbla Coodes	nkANU*		Gravity of C	oc den tata		
Actual Prod. Test - MCF/D	Leagth of	100			BOIL COBOCS	- WITH				•	
osting Method (pitot, back pr.)	Tubing Pr	crans (27) rg	-ia)		Casing Pross	ire (Shut-la)		Choke Size			
some themes fluent some to 4		· · · • · · ·	•		1	- •		1			
VI OPERATOR CERTIFIC	ATE OF	COM	M T A	NICE	1						

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above in true and complete to the best of my knowledge and belief.

Dote

O. J. Mitchell Production Foreman Printed Name Tide (505)599-3412 2-11-93 Telephone No.

OIL CONSERVATION DIVISION

FEB 1 2 1993 Do a Approved

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.