

Subdistrict 3 Offices  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Phillips Petroleum Company	Well API No. 30-045-27869
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:
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 32-8 Unit	Well No. 223	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State, Federal & B&B	Lease No. SF-079004
Location Unit Letter <u>N</u> : <u>1229</u> Feet From The <u>South</u> Line and <u>1506</u> Feet From The <u>West</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.	Twp.	Rge.	Is gas actually connected?	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 Recv	Diff Recv
		X	X					
Date Spudded 7-9-90	Date Compl. Ready to Prod. Perf'd 8-19-90		Total Depth 3467		P.B.T.D. 3466			
Elevations (DF, RKB, RT, GR, etc.) 6552' GL	Name of Producing Formation Fruitland		Top Oil/Gas Pay 3354'		Tubing Depth Exp Ck 3432' Depth Casing Shoe			
Perforations 3354'-3466'								

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8, 36#, J-55	276'	250SX C1 G-Circ 85 SX
8-3/4"	7", 23#, J-55	3335'	500SX 65/35 Poz/150 SX
6-1/8"	5-1/2", 23#, P-110	3464'	C1 G-Circ 135SX
	2-7/8", 6.5#	Exp. Ck @ 3432'	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 24 hours.)			
Date First New Oil Run To Tank N/A	Date of Test -----	Producing Wellhead Pressure (psi) -----	Flowing Wellhead Pressure (psi) -----
Length of Test -----	Tubing Pressure -----	Casing Pressure -----	Choke Size -----
Actual Prod. During Test -----	Oil - Bbls. -----	Water - Bbls. -----	Gas - MCF -----
GAS WELL			
Actual Prod. Test - MCF/L 2336	Length of Test 1 hr	Bbls. Condensate Produced 20/Wtr	Gravity of Condensate -----
Testing Method (pilot, back pr.) Pitot	Tubing Pressure (Shut-in) 1320	Casing Pressure (Shut-in) 1320	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  
9-12-90 (505) 599-3412  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved Oct 1 1990  
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.