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

STATE OF NEW MEXICO
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. 30-045-27968
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 Blanco	Well No. 202	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State/Federal or other	Lease No. NM-012641
Location Unit Letter <u>G</u> : <u>1598</u> Feet From The <u>North</u> Line and <u>1783.</u> Feet From The <u>East</u> Line Section <u>26</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 84158-0900	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rgn.
	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 9-11-90	Date Compl. Ready to Prod. Perf'd 10-27-90		Total Depth 3213'			P.B.T.D. 3212'		
Elevations (DF, RKB, RT, GR, etc.) 6288' GL	Name of Producing Formation Fruitland		Top Oil/Gas Pay 3050'			Tubing Depth 3197'		
Perforations 3050' - 3210'						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8", 36#, K-55	274.22'	250 Sx Cl G-Circ 97 Sx
8-3/4"	7", 23#, J-55	3021'	500 Sx 65/35 Poz, 150 Sx
6-1/4"	5-1/2", 23#, P110	3211'	Cl B, Circ 182 Sx
	2-7/8", 6.5#	3197'	

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 hr.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Oil Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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OIL CON. DIV.
DIST. 3

GAS WELL

Actual Prod. Test - MCF/D 4454	Length of Test 1 Hr.	Bbls. Condensate/MMCF 33	Gravity of Condensate
Testing Method (pilot, back pr.) Pitot	Tubing Pressure (Shut-in) 630	Casing Pressure (Shut-in) 1420	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.

Dale Bearden for R. A. Allred

Signature R. A. Allred Drilling Supervisor

Printed Name (505) 599-3412 Title

Date Telephone No.

OIL CONSERVATION DIVISION

NOV 20 1990

Date Approved

By

Barry Shamp

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.