

Dist. 3 Office,
A. Operator District Office
P.O. Box 1960, Hobbs, NM 88240

Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT
1000 K. S. Brasco Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator PHILLIPS PETROLEUM COMPANY	Well API No.
Address 5525 Hwy 64 NBU 3004, Farmington, NM 87401	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <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. 241	Pool Name, Including Formation BASIN FRUITLAND COAL	Kind of Lease State, Federal, or Free	Lease No. SF-079029
Location Unit Letter A : 1076 Feet From The North Line and 1012 Feet From The East Line Section 4 Township 31N Range 8W NMPM 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"/> WILLIAMS FIELD SERVICES CO.	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.	Rge.	Is gas actually connected?	When? ATTN: CLAIRE POTTER
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 10-9-90	Date Compl. Ready to Prod. Perf'd 6-13-91	Total Depth 3579'			P.B.T.D. 3579'			
Elevations (DF, RKB, RT, GR, etc.) 6709' GL	Name of Producing Formation Fruitland	Top Oil/Gas Pay 327' 3394'			Tubing Depth 3572'			
Perforations 3394' - 3576'					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	327'		250 Sx Cl G, Circ 97 Sx				
8-3/4"	7", 23#, J-55	3366'		500 Sx 65/35 Poz, 150 Sx				
6-1/4"	5-1/2", 23#, P110	3579'		Cl G, Circ 144 Sx				
	2-3/8", 4.7#	3572'						

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
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Length of Test	Tubing Pressure	Casing Pressure	RECEIVED JUN 27 1991
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Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	-----
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GAS WELL

Actual Prod. Test - MCF/D 1981	Length of Test 1 hr.	Bbls. Condensate/Water 480/Wtr	Gravity of Condensate Dist. 3
Sealing Method (pilot, back pr.) Pilot	Tubing Pressure (Shut-in) 190	Casing Pressure (Shut-in) 1500	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.

Signature
R.A. Allred Drilling Supervisor
Printed Name
6-18-91 Title
Date
(505) 599-3412 Telephone No.

OIL CONSERVATION DIVISION

Date Approved JU 31 1991

By Original Signed by CHARLES GHOLSON

Title DEPUTY OIL & GAS INSPECTOR, DIST. #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.