

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator PHILLIPS PETROLEUM COMPANY	Well API No. 30-045-28348
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 Operator <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"/>	

If change of operator give name and address of previous operator Northwest Pipeline Corp., 300 W. Arrington, Suite 9200, Farmington, NM 87401

II. DESCRIPTION OF WELL AND LEASE

Lease Name SAN JUAN 32-7 UNIT	Well No. 231	Pool Name, Including Formation BASIN FRUITLAND COAL	Kind of Lease State, Federal or Free	Lease No. SF-078998
Location Unit Letter <u>L</u> : 1474' Feet From The South Line and 1234' Feet From The West Line Section 17 Township 31N Range 7W, 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.	Rgn.	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 10-24-90	Date Compl. Ready to Prod. Perf'd 6-17-91		Total Depth 3190'		P.B.T.D. 3188'			
Elevations (DF, RCB, RT, GR, etc.) 6449' GL	Name of Producing Formation Fruitland		Top Oil/Gas Pay 3060'		Tubing Depth 3177'			
Perforations 3060'-3174'					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	224'	120 Sx C1 B, Circ 20 Bbls
8-3/4"	7", 23#, J-55	3000'	360 Sx C1B, 65/35 poz, 75 Sx
	4-1/2", 11.6#	3189'	C1 B, Circ 15 Bbls
	2-3/8", 4.7#	3177'	

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.)	<b>RECEIVED</b> JUL 15 1991 OIL CON. DIV DIST. 3
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil - Bbls	Water - Bbls	

GAS WELL

Actual Prod. Test - MCF/D 2461	Length of Test 1 hr.	Bbls. Condensate/MCF 266	Gravity of Condensate
Testing Method (piston, back pr.) Piston	Tubing Pressure (Shut-in) 100	Casing Pressure (Shut-in) 1300	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  
Printed Name  
7-10-91  
Date  
(505) 599-3412  
Telephone No.  
Drilling Supervisor  
Title

OIL CONSERVATION DIVISION

Date Approved SEP 13 1991  
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.