

OIL CONSERVATION DIVISION

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

DISTRICT 3
P.O. Drawer DD, Artesia, NM 88210

DISTRICT 3
1000 E. Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I. OPERATOR PHILLIPS PETROLEUM COMPANY		Well AP No. 30-045-28349
Address 5525 Hwy 64 NBU 3004, Farmington, NM 87401		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input 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"/> <input type="checkbox"/> Other (Please explain)		

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. 248	Pool Name, Including Formation BASIN FRUITLAND COAL	Kind of Lease State, Federal or Free	Lease No. SF-080854
Location Unit Letter <u>G</u> : <u>2090</u> Feet From The <u>North</u> Line and <u>1613</u> Feet From The <u>East</u> Line Section <u>11</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"/> 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 11-11-90	Date Compl. Ready to Prod. Perf'd 12-1-91	Total Depth 3485'	P.B.T.D. 3485'					
Elevations (DF, RKB, RT, GR, etc.) 6603' GL	Name of Producing Formation Fruitland	Top Oil/Gas Pay 3213'	Tubing Depth 3464'					
Perforations 3324'-3484' Fruitland			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	291'	250 Sx C1 G, Circ 100 Sx					
8-3/4"	7", 23#, J-55	3296'	500 Sx 65/35 Poz, 150 Sx					
6-1/4"	4-1/2", 11.6#	3485'	C1 G, Circ 155 Sx					
	2-3/8", 4.7#	3464'						

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)	RECEIVED DEC 30 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 1925	Length of Test 1 hr.	Bbls. Condensate/Lb. H ₂ O	Gravity of Condensate
Testing Method (pilot, back pr.) Pilot	Tubing Pressure (Shut-in) 180	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.

Give Bearden for R.A. Allred
Signature
R.A. Allred Drilling Supervisor
Printed Name
12-27-91 (505) 599-3412
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 13 1992
By Original Signed by FRANK T. CHAVEZ
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.

