See Instructions of Bottom of Page

DISTRICT II P.O. DEWAY DD, Arcella, NM \$8210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazzo Rd., Aziec, NM 17410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| Lease Name San Juan 32-7 Unit 217 Basin Fruitland Coal Sate, Federal or Fee Lease No. | Operator District Description Con- | | | | | | | | W | II API Na | | | |
|--|---|--|----------------------------|-------------|--------------|------------------|--|----------------|---------------------------------------|--|---------------|----------------|--|
| SACON Part SACON Part SACON Part SACON Part SACON | | npany | | | | | | | | | | | |
| Comp Note with One Dy Cas Manager of the Mana | 5525 Hwy 64 NBU 3004, | Farmin | igton, | NM | 874 | 01 | | | | | | ٠. | |
| Decognition Ol Olycong in Opening of Opening Octoberate Octo | | _ | | | | | Out | a (Please expl | air) | | | | |
| Course to Operator Continued Companies Continued Companies | | Ott | - | • | - | 1 | | | | | | | |
| Manage of opening give assert Mark Description of Well and Lease Mark Nova National Section Mark Nova National National Section Mark Nova National | | | | _ • | - | | | | | | | | |
| DESCRIPTION OF WELL AND LEASE Less Near Less Nea | If chance of operator give same | | | | | | | | | ······································ | | | |
| Lease Name San Juan 32-7 Unit 217 Basin Fruitland Coal Sac Federal or Pace Lease Na San Juan 32-7 Unit 217 Basin Fruitland Coal Sac Federal or Pace Lease Na Lease Na Lease Lease Na Lease Na Lease | | ANDIE | A CTP | | | | | · | | | | | |
| San Juan 32-7 Unit 217 Basin Fruitland Coal San, Foderd or Fee Location Unit Letter H | <u></u> | AND LE | Mell No | Pool N | ina Inch | Mine | e Formetice | | Υ. | d of Lam | T 1 | rate No. | |
| Location Unit Letter H | | | l | | | - | - | oal | | | - | | |
| Section 4 Township 31N Range 76 NOTE SAN SAN JUAN Country III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil O'Cockenna Care Authorized Transporter of Oil O'Cockenna Care Authorized Transporter of Oil O'Cockenna Care Authorized Transporter of Cockinghest Gus Care Or Gas 122 Address (Give address to which approved copy of this form is to be seed) Nome of Authorized Transporter of Cockinghest Gus Care Prof. Reg. 122 Address (Give address to which approved copy of this form is to be seed) Philippis Petroleum Company Frequency of the International Company Frequency of the International Care Or Dept. Reg. 12 past standar concentred? When T The Prof. Reg. 12 past standard (Give address to which approved copy of this form is to be seed) Philippis Petroleum Company Frequency of the International Care Prof. Reg. 12 past standard (Give address to which approved copy of this form is to be seed) Frequency of the International Care Prof. Reg. 12 past standard (Give address to which approved copy of this form is to be seed) Philippis Petroleum Company Frequency of the International Care Prof. Reg. 12 past standard (Give address to which approved copy of this form is to be seed) Frequency of this form is to be seed of the International Care Inte | Location | | | | | | | | | | | | |
| Section Sect | Unit LetterH | . 63 | 6 | _ Feet Pr | om The _ | No | orth Line | and6 | 18 | Feet From The | East | Line | |
| Name of Authorized Transporter of OI | Territor 4 Tosamehi | a 311 | N | Pance | 7147 | | N. | na Sa | ın Ju | an . | | County | |
| Name of Authorized Transporter of Oil | | | | | | | | | | | | | |
| Name of Authorized Transporter of Casinghad Gu Ph 111 ps Petroleum Company Ph 111 ps Petroleum Company F well produce oil or liquids. I have See Twp. Rg. It ps senting contented? What 1 Fell produced of tracks. They Rg. It ps senting contented? What 1 Fell produced of tracks. Total Depth Completion Name of read to contrologied with that from any other lease or pool, give committing order number. IV. COMPLETION DATA Destignate Type of Completion Name of reads and the senting of the senting order number. IV. COMPLETION DATA Destignate Type of Completion Name of reads and the senting of the senting of the senting order number. IV. COMPLETION DATA Destignate Type of Completion Name of reads and the senting of the senting order number. IV. COMPLETION DATA Destignate Type of Completion Name of reads and the senting order number. IV. COMPLETION DATA Destignate Type of Completion Name of reads and the senting order number. IV. COMPLETION DATA Destignate Type of Completion Name of reads and the senting order number. IV. COMPLETION DATA Destignate Type of Completion Name of reads and the senting order number. IV. COMPLETION DATA Destignate Type of Completion Name of reads and the senting order number. IV. COMPLETION DATA Destignate Type of Completion Name of reads and the senting order number. IV. COMPLETION DATA Destignation Name of reads and the senting order number of the sent sent sent sent sent sent sent sen | Name of Authorized Transporter of Oil or Coodensus Address (Give address to which approved copy of this form is to be sent) | | | | | | | | | | | | |
| West Production of localities Unit Sec. Twp. Rge. Is par security occurred? When T Production of health | Name of Authorized Transporter of Carin | | | | | | | | | | | | |
| 1 | | | | | | | | | | | | | |
| Designate Type of Completion - (X) Designate Type of Completion - | has progress on or reference. | I ONE I |) 3 4 C. | 11*7 | Kg | ا ا | n årt sommi | comecten! | 1 ** | Wides 1 | | | |
| Designate Type of Completion - (X) Date Specified Date Completed Date Completed Date Completed Developed TUBING, CASING A TO CEMENTING RECORD HOLE SIZE CASING A TUBING SIZE DEPTH SET DATA AND REQUEST FOR ALLOWABLE DILL WELL (Test most be spire recovery of tool wilers of lead oil and must be equal to or exceed top allowable for this feight or be for fed 24 hours) Date First New Oil Run To Tank Date of Test Date of Test Cating Pressure Cating Pressure Cating Pressure Chiefe Pressure Converted Conv | If this production is commingled with that from any other lease or pool, give commingling order number: | | | | | | | | | | | | |
| Designate Type of Completion - (X) Data Spudded Data Completion - (X) Data Spudded Data Completion - (X) Devations (DF, RXB, RT, GR, etc.) Name of Producing Formation TOP CHICAL Pay Tubing Depth Tubing Depth TUBING, CASING AND CEMENTING RECORD Depth Casing Store TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE DIL WELL (Test must be after recovery of total roleme of load and must be equal to or exceed top allowable for this pletch or be for full 24 known) Data First New Cil Run To Tank Data of Test Tubing Pressure Casing Press | IV. COMPLETION DATA | | Ton me | | | - _Y - | · · · · · · · · · · · · · · · · · · · | | <u> </u> | | PV | D | |
| Develoos (DF, RXB, RT, GR, stc.) Name of Producing Formation Top OLICAI Pay Tubing Depth Tubing Depth Tubing Score TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT TOTAL TEST DATA AND REQUEST FOR ALLOWABLE DIL WELL (Test must be splar recovery of local volume of load oil and must be squal to or exceed top allowable for this fierch or be for fell 24 hours.) Date First New Oil Run To Tank Date of Test Tubing Pressum Cating Pressum Code Size Control Test On-Bbla Water - Bbla Cating Pressum (Sout-ia) Control Test On-Bbla Cating Pressum (Sout-ia) Control Size VI. OPERATOR CERTIFICATE OF COMPLIANCE Ibertop certify that the rules and regulation of the Oil Control Size VI. OPERATOR CERTIFICATE OF COMPLIANCE Ibertop certify that the rules and regulation of the Oil Control Size VI. OPERATOR CERTIFICATE OF COMPLIANCE Ibertop certify that the rules and regulation of the Oil Control Size VI. OPERATOR CERTIFICATE OF COMPLIANCE Ibertop certify that the rules and regulation of the Oil Control Size Oil CONSERVATION DIVISION Date Approved By Title SUPERVISOR DISTRICT # 3 Title Title | Designate Type of Completion | - (X) | Ton we | 1 C | jat Me∏ | - | New Well [| Workover | Desper | I hall break it | oring Yet A | Dan Keta | |
| TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE DIL WELL (I'est must be spire recovery of load volume of load oil and must be spiral to or exceed top allowable for this juryth or be for full 24 hours) Date first New Oil Rus To Tank Date of Test Tubing Pressure Cating Pressure Cating Pressure Cating Pressure Oil-Bbls. Water - Bbls. Cast MCF Gast MCF Gast MCF Caving of Condensus Actual Prod. Test - MCF/D Length of Test Diving Pressure (Sturia) Cating Pressure (Sturia) Cooks Size VI. OPERATOR CERTIFICATE OF COMPLIANCE Thereby certify that the rules and regulation of the Oil Conservation Divine the two beca completed with and that the information gives showe is true and coordicate to the best of my knowledge and belief. Date Approved By Title SUPERVISOR DISTRICT # 3 Title | Date Spudded | Date Com | Date Compl. Ready to Prod. | | | _†, | Total Depta | | | P.B.T.D. | | - 1 | |
| TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE DIL WELL (I'est must be spire recovery of load volume of load oil and must be spiral to or exceed top allowable for this juryth or be for full 24 hours) Date first New Oil Rus To Tank Date of Test Tubing Pressure Cating Pressure Cating Pressure Cating Pressure Oil-Bbls. Water - Bbls. Cast MCF Gast MCF Gast MCF Caving of Condensus Actual Prod. Test - MCF/D Length of Test Diving Pressure (Sturia) Cating Pressure (Sturia) Cooks Size VI. OPERATOR CERTIFICATE OF COMPLIANCE Thereby certify that the rules and regulation of the Oil Conservation Divine the two beca completed with and that the information gives showe is true and coordicate to the best of my knowledge and belief. Date Approved By Title SUPERVISOR DISTRICT # 3 Title | TO CONTRACT OF CO. | None of Badada Familia | | | | _ , | Ton Oil/Cat Pay | | | This Buch | 71'- P-A | | |
| TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING A TUBING SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE DIL WELL (Test must be after recovery of load whene of load oil and must be equal to or exceed top allowable for this flepth or be for full 24 hours.) Date First New Oil Run To Tank Date of Test Date of Test Tubing Pressure Casing Pressure Casing Pressure Casing Pressure Casing Pressure Casing Pressure Codes Size Casing Method (Flow, pump, par lift, etc.) Casing Pressure Casing Pre | Revisions (DF, RAB, RT, OA, 652) | | | | | | | | | Inough Debra | form rebu | | |
| HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT | Perforations | ······································ | | | Depth Casing | Shoe | | | | | | | |
| HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT | | ~ | 710010 | 0.00 | 10 115 | | The second beautiful to the se | IA NEOON | | | | | |
| V. TEST DATA AND REQUEST FOR ALLOWABLE DIL 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 11 hours.) Date First New Oil Run To Tank Date of Test Tubing Pressum Cating Pressum (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been completed with and that the information given above is true and complete to the best of my knowledge and belief. Signature Office Name Tubing Pressum (Shut-in) OIL CONSERVATION DIVISION Date Approved By Supervisor District # 3 Title Title | HOY E SIZE | · · · · · · · · · · · · · · · · · · · | Y | | | | | | | S | SACKS CEMENT | | |
| DEL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this flepth or be for fell 24 hours.) Deta First New Oil Run To Tank Date of Test Tubing Pressure Cuting Pressure Cuting Pressure Cuting Pressure Cuting Pressure Choice Size Cas. INCF Cas. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc | TIOL ORG | | | | | -1- | Der moer | | | | | | |
| DEL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this flepth or be for fell 24 hours.) Deta First New Oil Run To Tank Date of Test Tubing Pressure Cuting Pressure Cuting Pressure Cuting Pressure Cuting Pressure Choice Size Cas. INCF Cas. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc | | | | | | \perp | | | | | | | |
| DEL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this flepth or be for fell 24 hours.) Deta First New Oil Run To Tank Date of Test Tubing Pressure Cuting Pressure Cuting Pressure Cuting Pressure Cuting Pressure Choice Size Cas. INCF Cas. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc | | | | | | + | | | | | | | |
| DEL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this flepth or be for fell 24 hours.) Deta First New Oil Run To Tank Date of Test Tubing Pressure Cuting Pressure Cuting Pressure Cuting Pressure Cuting Pressure Choice Size Cas. INCF Cas. Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc | V. TEST DATA AND REQUES | T FOR A | LLOW | ABLE | | | | | · · · · · · · · · · · · · · · · · · · | | | | |
| Length of Test Tubing Pressure Casing Pressure Chocke Size | OIL WELL (Test must be after to | ecovery of to | xal volume | | and mu | | | | | | r full 24 hou | 77) | |
| Actual Prod. During Test Oil - Bbla. Water - Bbla. Cas-MCF Actual Prod. Test - MCF/D Length of Test Bbla. Coodenses/MMCF Gravity of Coodenses Casing Pressure (Shut-ia) Casing Pressure (Shut-ia) Ohoke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulation of the Oil Conservation Division have been complied with and that the information given above is true and complied to the best of my knowledge and belief. Superance O. J. Mitchell Production Foreman Printed Name 10-13-92 (505) 599-3412 Deta Telephone No. | Date First New Oil Run To Tank | Date of Test | | | | | Producing Me | thod (Flow, p | mp, gas lij | 1, dc.) | | - | |
| Actual Prod. During Test Oil - Bbla. Water - Bbla Cas- MCF Gravity of Cockensus Actual Prod. Test - MCF/D Length of Test Bbla. Coodensus/MMCF Cravity of Cockensus Casing Pressure (Stut-ia) Casing Pressure (Stut-ia) Casing Pressure (Stut-ia) Casing Pressure (Stut-ia) Oil CONSERVATION DIVISION Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Signature O. J. Mitchell Production Foreman Pristed Name 10-13-92 (505) 599-3412 Deta Title | Length of Test | Tubing Pressure | | | | - | Caring Pressu | ri | | Choke Size | Choita Siza | | |
| GAS WELL Actual Frod Test - MCF/D Length of Test Bolia Coodenatic/MMCF Gravity of Condensate | · | <u> </u> | | | | | | | | Gyr. VCE | | | |
| GAS WELL Actual Frod Test - MCF/D Length of Test Certing Method Golfon, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Casing Pressure (Shut-in) Casing Pressure (Shut-in) Casing Pressure (Shut-in) Oncke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservations Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. O. J. Mitchell Production Foreman Printed Name 10-13-92 (505) 599-3412 Title Title Title Title Title | Actual Prod. During Test | Ой - Выя. | Oil - Bbls. | | | | Water - Bola | | | | | | |
| Description | CAC TUEL T | <u> </u> | | | | L | | | | 7, 3 | | | |
| VI. OPERATOR CERTIFICATE OF COMPLIANCE I bereby 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. O. J. Mitchell Production Foreman Printed Name 10-13-92 (505) 599-3412 Date OIL CONSERVATION DIVISION OCT 2 21992 By Supervisor District #3 Title Title Title Title | | | | | | | Bola Coocea | u wMMCF | | Cravity of Condensus | | | |
| VI. OPERATOR CERTIFICATE OF COMPLIANCE I bereby 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. O. J. Mitchell Production Foreman Printed Name 10-13-92 (505) 599-3412 Date OIL CONSERVATION DIVISION OCT 2 21992 By Supervisor District #3 Title Title Title Title | | | | | | | | | | | | | |
| Thereby certify that the rules and regulations of the Oil Contervation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved OIL CONSERVATION DIVISION OIL CONSERVATION DIVISION OCT 2 2 1992 Date Approved Supervisor District #3 Title 10-13-92 (505) 599-3412 Date Telephone No. | Testing Method (pitot, back pr.) | Tubing Pre | Tubing Pressure (Shut-in) | | | | | | | Choke Size | | | |
| Thereby certify that the rules and regulations of the Oil Contervation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved OIL CONSERVATION DIVISION OIL CONSERVATION DIVISION OCT 2 2 1992 Date Approved Supervisor District #3 Title 10-13-92 (505) 599-3412 Date Telephone No. | THE ATTOR CEPTIEIC | ATE OF | COM | DIVAR | WE. | | <u> </u> | | | | | J | |
| Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved OCT 2 2 1992 Date Approved OCT 2 2 1992 By Supervisor District #3 Title 10-13-92 (505) 599-3412 Date Approved Title Title Title Title Title Title | | | | | | l li | OIL CONSERVATION DIVISION | | | | | | |
| Date Approved Date Approved | Division have been complied with and | that the infor | rmation gi | ven above | ; | . | OCT 2 2 1992 | | | | | | |
| O. J. Mitchell Production Foreman SUPERVISOR DISTRICT #3 Priored Name 10-13-92 (505) 599-3412 Date Telephone No. | Is true and complete to the best of my i | TOWK OR H | od belief. | | | | Date | Approve | d | 001 2 2 1 | | | |
| O. J. Mitchell Production Foreman SUPERVISOR DISTRICT #3 Priored Name 10-13-92 (505) 599-3412 Date Telephone No. | Simital | . 10 | | | | | ! | | <u>.</u> | \ \ | / | | |
| Printed Name | Signature Michaell | Dr.c. 3 | | 70 m === | | · | By_ | | _ک_ | 1) Ch | | | |
| 10-13-92 (505) 599-3412 Telephone No. | Printed Name Title | | | | | | Trat- | | SUPE | RVISOR DIS | STRICT | #3 | |
| | 10-13-92 | (505) 5 | | 12 | | | פוחו ו | | | | | | |
| CALLED TO A COLUMN | | A. (*) | | • | | | AND PERSONS | erus marr | | | | | |

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.