

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

Operator: Phillips Petroleum Company Well APN No. 30-045-28640

Address: 5525 Hwy 64 NBU 3004, Farmington, NM 87401

Reason(s) for Filing (Check proper box) ☐ Other (Please explain)

New Well ☐ Change in Transporter of: ☐ Oil ☐ Dry Gas ☒ ☐ ☐

Recompletion ☐ Change in Operator ☐ Casinghead Gas ☐ Condensate ☐

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name: San Juan 32-7 Unit Well No. 216 Pool Name, including Formation: Basin Fruitland Coal Kind of Lease: State, Federal, or Free Lease No. SF-078996

Location: Unk Letter N 1204 Feet From The South Line and 1668 Feet From The West Line

Section 4 Township 31N Range 7W , NMPM San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)

None

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)

Phillips Petroleum Company 5525 Hwy 64 NBU 3004, Farmington, NM 87401

If well produces oil or liquids, give location of tanks: Unit Sec. Trp. Rgn. Is gas actually connected? When?

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

Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ P.B.T.D. _____

Elevations (DF, RKB, RT, GR, etc.) _____ Name of Producing Formation _____ Top Oil/Gas Pay _____ Tubing Depth _____

Perforations _____ Depth Casing Shoe _____

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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.) _____

Length of Test _____ Tubing Pressure _____ Casing Pressure _____ Choke Size _____

Actual Prod. During Test _____ Oil - Bbls _____ Water - Bbls _____ Gas - MCF _____

GAS WELL

Actual Prod. Test - MCF/D _____ Length of Test _____ Bbls. Condensate/MMCF _____ Gravity of Condensate _____

Testing Method (prior, back pr.) _____ Tubing Pressure (Shut-in) _____ Casing Pressure (Shut-in) _____ Choke Size _____

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.

O. J. Mitchell
Signature
O. J. Mitchell Production Foreman
Printed Name
1-25-93 (505) 599-3412
Date Telephone No.

OIL CONSERVATION DIVISION

JAN 26 1993

Date Approved _____

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.