

APPROPRIATE DISTRICT OFFICE  
DISTRICT I  
P.O. Box 1940, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Aracoma, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

# OIL CONSERVATION DIVISION

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

See instructions  
at Bottom of Page

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

Operator PHILLIPS PETROLEUM COMPANY	Well APT No. 30-045-27745
Address 300 W. ARRINGTON, SUITE 200, FARMINGTON, NM 87401	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <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"/>
Recompletion <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	
If change of operator give name and address of previous operator	

### II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 32-7 Unit	Well No. 207	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease <input checked="" type="checkbox"/> State, Federal or Rep	Lease No. SF-078543
Location Unit Letter N : 1230 Feet From The South Line and 1570 Feet From The West Line Section 27 Township 32N 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"/> Northwest Pipeline Corp.	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.	Trp.	Rgn.	Is gas actually connected?	When? Attn: Patt Rodgers

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 8-18-90	Date Compl. Ready to Prod. Perf'd 9-18-90	Total Depth 3343'		P.B.T.D. 3342'				
Elevations (DF, RKB, RT, GR, etc.) 6651' GL	Name of Producing Formation Fruitland	Top Oil/Gas Pay 3256'		Tubing Depth Exp. Ck @ 3334'				
Perforations 3256'-3342'				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	287.06'		250 SX Cl G-Circ 83 SX				
8-3/4"	7", 23#, J-55	3240'		500 SX 65/35 POZ, 150 SX				
6-1/8"	5-1/2", 23#, P110	3343'		Cl G, Circ. 85 SX				
	2-3/8", 4.7#	3334'						

### 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 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	Choke Size
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Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	As MCF
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### GAS WELL

Actual Prod. Test - MCF/D 1388	Length of Test 1 Hr.	Bbls. Condensate/MMCF 2.5/Wtr	Gravity of Condensate ---
Testing Method (pilot, back pr.) Pitot	Tubing Pressure (Shut-in) 1390	Casing Pressure (Shut-in) 1390	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.

*Gar Bearden for R.A. Allred*  
Signature  
R.A. Allred Drilling Supervisor  
Printed Name  
10-4-90 (505) 599-3412 Title  
Date Telephone No.

### OIL CONSERVATION DIVISION

Date Approved **OCT 31 1990**  
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.