

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

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

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

Operator PHILLIPS PETROLEUM COMPANY		Well API No. 30-045-27854
Address 300 W. ARRINGTON, SUITE 200, FARMINGTON, NM 87401		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> 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		

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name San Juan 32-7 Unit	Well No. 215	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, Federal, or Private	Lease No. E-503-9
Location Unit Letter <u>K</u> : <u>1236</u> Feet From The <u>South</u> Line and <u>1870</u> Feet From The <u>West</u> Line Section <u>32</u> Township <u>32N</u> Range <u>7W</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"/> 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.	Twp.	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 11-3-90	Date Compl. Ready to Prod. Perf'd 1-3-91	Total Depth 3290'	P.B.T.D. 3254'					
Elevations (DF, RKB, RT, GR, etc.) 6534'	Name of Producing Formation Fruitland	Top Oil/Gas Pay 3192'	Tubing Depth 3239'					
Perforations 3192' - 3250'			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	271'	250 Sx C1 B, Circ 5 Sx
8-3/4"	7", 23#, J-55	3146'	500 Sx 65/35 Poz, 150 Sx
6-1/4"	5-1/2", 23#, P110	3254'	C1 B, Circ 112 Sx
	2-3/8", 4.7#	3239'	

**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.)	
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Length of Test	Tubing Pressure	Casing Pressure	-----
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Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	-----
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**GAS WELL**

Actual Prod. Test - MCF/D 1584	Length of Test 1 Hr.	Shut-In Pressure (Shut-in) 25/Wtr	DIST. Gravity of Condensate
Testing Method (pitot, back pr.) Pitot	Tubing Pressure (Shut-in) 260	Casing Pressure (Shut-in) 1440	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.

Signature  
R. A. Allred Drilling Supervisor  
Printed Name  
1-11-91 (505) 599-3412 Title  
Date Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved JAN 14 1991

By Original Signed by CHARLES GHOLSON

Title DEPUTY OIL & GAS INSPECTOR, DIST. #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.