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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

Energy, Minerals and Natural Resources Department

Revised 1-1-89
See Instructions
at Bottom of Page

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

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

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. 30-045-28721
Address 5525 HWY 64 NBU 3004		
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 checked="" type="checkbox"/>		
If change of operator give name and address of previous operator Meridian Oil Inc., PO Box 4289, Farmington, NM 87499		

II. DESCRIPTION OF WELL AND LEASE				
Lease Name San Juan 32-8 Unit	Well No. 204	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fed	Lease No. SF-079381
Location Unit Letter <u>L</u> : <u>1910</u> Feet From The <u>South</u> Line and <u>1135</u> Feet From The <u>West</u> Line Section <u>34</u> Township <u>32N</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 <u>Water pool# 2806093</u>		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"/> Phillips Petroleum Company <u>2806092</u>		Address (Give address to which approved copy of this form is to be sent) 5525 Hwy 64 NBU 3004, Farmington, NM 87401		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
Is gas actually connected? <input type="checkbox"/> 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 <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input type="checkbox"/> Diff Res'v <input type="checkbox"/>		
Date Spudded 8-19-92	Date Compl. Ready to Prod. 9-17-92		
Elevations (DF, RKB, RT, GR, etc.) 6636' GL	Name of Producing Formation Fruitland		
Perforations Predrilled Liner (3311'-3532')	Total Depth 3534'		
	Top Oil/Gas Pay Predrilled Liner		
	Tubing Depth 3491'		
	Depth Casing Shoes		
TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8", 36#	220'	189 CF
8-3/4"	7", 20#	3292'	1233 CF
6-1/4"	5-1/2"	3534'	None
	2-3/8"	3491'	

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.)	RECEIVED APR - 8 1993 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 970	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Pitot	Tubing Pressure (Shut-in) 1200	Casing Pressure (Shut-in) 1523	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION APR 8 1993 Date Approved By <u>Brian J. Chung</u> SUPERVISOR DISTRICT #3 Title
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.		
<u>R. A. Allred</u> Signature R. A. Allred Printed Name 4-06-93 Date		
<u>Drilling Supervisor</u> Title (505) 599-3412 Telephone No.		

- 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.