A optime Director Utilion D. (THETE) P.O. Box 1980, Hobbe, NM \$1240

DISTRICT III F.O. Drawer D.D. Aricela, NM \$4210

DISTRUTED 1000 K . Brazos Kd., Ariec, NM 87410

## OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 8 504-2088

innerty, Minerals and Natural esources Department

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| Operator   |   |                                     |  |                                    |                                  |  |  | Well API No.                |             |                      |  |
|--|---|-------------------------------------|--|------------------------------------|----------------------------------|--|--|-----------------------------|-------------|----------------------|--|
| PHILLIPS PETROLEUM COMPANY   |   |                                     |  |                                    |                                  |  | 3  | 30-045-28735                |             |                      |  |
| <b>Address</b> 5525 Hwy 64 NBU 30                                    | 04 Fara                                   | minata                              | vo N                                   | M 87/0                             | i                                |  |  |                             |             |                      |  |
| Reason(s) for Filing (Check proper has                               |   | ulligeo                             | /115 11                                | rt 0740.                           |                                  | ther (Please exp                                     | deia)  |                             |             |                      |  |
| New Well   |   | Change i                            | a Trace                                | orter of:                          | <u> </u>                         | W M  |  |                             |             |                      |  |
| Recompletion   | Oil                                       |                                     | Dryc                                   |                                    |                                  |  |  |                             |             |                      |  |
| Change in Operator   | Chaloghe                                  | ad Cas [                            | ] Cood                                 |                                    |                                  |  |  |                             |             | ,                    |  |
| If change of operator give same                                      |   |                                     |  | ·····                              |                                  |  |  |                             |             |                      |  |
| and address of previous operator                                     |   | 4.00                                |  |                                    |                                  | · · · · · · · · · · · · · · · · · · ·                |  | <del></del>                 |             |                      |  |
| IL DESCRIPTION OF WEL  | L AND LE                                  | Well No. Pool Name, Include         |  |                                    | Kan Camellan                     |  |  |                             | <del></del> |                      |  |
| Lesse Name<br>SAN JUAN 32-7 UNIT                                     | ;   | 222 BASIN FRU                       |  |                                    |                                  |  |  | of Lease<br>Federal graffae |             | Lux No.<br>SF-078460 |  |
| Locados  |   | <u></u>                             | ــــــــــــــــــــــــــــــــــــــ |                                    |                                  |  |  |                             | <b>.</b>    |                      |  |
| Unk LetterH  | 22  | 49                                  | _ Feet F                               | rom The                            | North u                          | ne and87   | 76   | ied From The                | East        | Line                 |  |
| <b>.</b>   |   |                                     |  |                                    |                                  |  |  | •                           |             |                      |  |
| Section 20 Towns   | Alp 32                                    | N                                   | Rasp                                   | 7W                                 |                                  | WPM,   | San Ju                                       | ıan                         |             | County               |  |
| III. DESIGNATION OF TRA  | NSPORTE                                   | ROFO                                | III. AN                                | JD NATT                            | DAT CAS                          | •  |  |                             |             |                      |  |
|  |   |                                     |  | cassia Address (Give address to wh |                                  |  |  | d copy of this form         | is to be se | <del>~()</del>       |  |
| NONE   |   |                                     |  |                                    | ]                                |  | **   |                             |             |                      |  |
| Name of Authorized Transporter of Cas                                |   | or Dry                              | C= (X)                                 | Address (Ci                        | w all tes the swi                | s to which approved copy of this form is to be sent) |  |                             |             |                      |  |
| WILLIAMS FIELD SERV  |   | -                                   | 1 <u>-</u>                             | <del></del>                        |                                  |  |  | KE CITY I                   |             |                      |  |
| If well produces all or liquids,<br>tive location of tanks.          | Unit                                      | Sec                                 | Lak                                    | Rps                                | je kre sopn                      | ly consected?  | Who  | ATTN: C                     | LAIRE       | POTTER               |  |
| This production is commingled with the                               | K from any of                             | er lese or                          | J                                      | w comple                           | lisa andre sum                   |  |  |                             |             |                      |  |
| V. COMPLETION DATA   |   |                                     | <b>,,,,</b> ,                          | ve consuming                       | walk ounce are                   |  |  | <del></del>                 |             |                      |  |
|  |   | OR Wel                              |  | Ous Well                           | New Well                         | Workover   | Deepen                                       | Plug Back Si                | me Res'v    | Diff Resty           |  |
| Designate Type of Completion   |   | 1                                   |  | X                                  | X                                | <u>i</u>   | <u>i                                    </u> | <u>i i</u>                  |             | <u>i</u>             |  |
| Date Spudded<br>8-6-92   | Date Com                                  | pL Redy &                           |  |                                    | Total Depth                      | 3010 <b>'</b>  |  | ATA.                        | 001         |                      |  |
| Elevations (DF, RKB, RT, GR, etc.)                                   | Name of P                                 | 8-29-92 Name of Producing Formation |  |                                    |                                  | Pay  |  | 3009'                       |             |                      |  |
| 6212' GL   | 1   | Fruitland                           |  |                                    |                                  | 2880'  |  | Tubing Depth 2993'          |             |                      |  |
| Perforations   | <del></del>                               |                                     | <del></del> -                          |                                    |                                  |  |  | Depth Caring S              |             |                      |  |
| 2880' - 3002'  |   | <del></del>                         |  |                                    |                                  |  |  |                             |             |                      |  |
|  |   |                                     |  |                                    | CEMENT                           | ING RECOR  | SD   |                             |             |                      |  |
| HOLE SIZE  |   | SING & TI                           |  |                                    | <b> </b>                         | DEPTH SET  | •  |                             | XS CEM      |                      |  |
| 12-1/4"<br>8-3/4"  |   | ".36#,                              |  | <u> </u>                           | <del> </del>                     | 361'   |  | 450 Sx 6                    |             | rc 100 3x            |  |
| 6-1/4"   | 5-1/2                                     | #.J-55                              | 2                                      | <del></del>                        | <del> </del>                     | 2878 <b>'</b><br>3009 <b>'</b>                       |  | Cl B, Cir                   |             |                      |  |
|  | 2-378                                     | , 4.7                               |  |                                    | <del> </del>                     | 2993'  | ·······                                      | 1 2,011                     | <u> </u>    | <u>/^</u>            |  |
| . TEST DATA AND REQUE  |   |                                     |  |                                    | <del></del>                      |  |  | 8                           |             |                      |  |
| IL WELL (Test must be after  |   |                                     | of load                                | oil and must                       |                                  |  |  |                             | 沙里          | P P P P P            |  |
| Data First New Oil Kills 10 1883                                     | de First New Oil Rus To Tank Date of Test |                                     |  |                                    |                                  | Producing Method (Flow, pump, gas lift, etc.)        |  |                             |             |                      |  |
| ength of Test  | Tubing Pre                                | SAUM                                |  |                                    | Casing Press                     | wa   |  | Choke Size                  | SED         |                      |  |
|  |   |                                     |  |                                    |                                  |  |  | Choir Sin SEP 0 4 1992      |             |                      |  |
| Ictual Prod. During Test   | Oil - Bbls.                               |                                     |  | Water - Bbls.                      |                                  |  | GIL MOF OIL COM                              |                             |             |                      |  |
|  | <u></u>                                   |                                     | <u> </u>                               | ···                                |                                  | . <del></del>  |  | <u> </u>                    |             | CIA. DIV             |  |
| GAS WELL   |   |                                     |  |                                    |                                  |  |  |                             |             | \$1. 3               |  |
| Ican Prod. Test - HCF/D  | Longth of                                 | cet                                 |  |                                    | 8                                | nuichOdOk  |  | Gravity of Con              | den sate    |                      |  |
| 1065   | Tubing Fre                                | 1 hr.                               |  | :                                  | 7/W                              |  |  | Choke Size                  |             |                      |  |
| usting Method (pilot, back pr)                                       | 100 mg 110                                | U<br>Hanse Pager                    |  |                                    |                                  | uro (Shut-la)<br>.100                                |  | 2"                          |             |                      |  |
| Pitot<br>L OPERATOR CERTIFIC   | 'ATE OE                                   |                                     | W TAN                                  | ICTE:                              | <u> </u>                         | . 100  |  | J                           |             |                      |  |
| I bereby certify that the rules and regul                            |   |                                     |  | YCE                                |                                  | OIL CON  | <b>NSERV</b>                                 | ATION D                     | IVISIO      | N                    |  |
| Division have been complied with and that he information given above |   |                                     |  |                                    | Date Approved SEP 2 3 1992       |  |  |                             |             |                      |  |
| is true said complete to the best of my                              | Enowledge as                              | d belief.                           |  |                                    | Date                             | e Approve  | d:_  | 9FL %!                      | ) । ५५८     | •                    |  |
| KINAN  |   |                                     |  |                                    |                                  | • •  |  |                             |             |                      |  |
| Stracture  |   |                                     |  |                                    | By Original Signed by CHARLES 14 |  |  |                             |             |                      |  |
| R.A. Allred  | D/11111                                   | Drilling Supervisor                 |  |                                    |                                  | DEPUTY OIL & GAS INSPECTOR, DIST. #2                 |  |                             |             |                      |  |
| Printed Name<br>9-2-92   | (505)                                     | 500_ 2/                             | Tide                                   |                                    | Title                            | OEPUIT   | UIL & OAS                                    | i gana kabata kabata        |             |                      |  |
| Delle  |   |                                     | phose !                                | Va.                                | H                                |  |  |                             |             |                      |  |
|  |   |                                     |  |                                    | 31                               |  |  |                             |             |                      |  |

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.
- All sections of this form must be filled out for allowable on new and recompleted wells.
   Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
   Separate Form C-104 must be filed for each pool in multiply completed wells.