P.O. Drawer DD, Artesia, NM 88210

## OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico \$ 504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| <b>Openior</b> Phillips Petroleum Co                                    | lips Petroleum Company |                      |               |                    |  |                      |                       | Well API No.   |                    |                |  |
|---|------------------------|----------------------|---------------|--------------------|--|----------------------|-----------------------|----------------|--------------------|----------------|--|
| <b>Moderna</b><br>300 W. Arrington, Su                                  |                        | Farmi                | lngto         | on, NM 8           |  |                      |                       |                |                    | ٠.             |  |
| Reason(s) for Filing (Check proper ba                                   | <b>z</b> )             |                      | _             |                    |  | et (Please copie     | eis)                  |                |                    |                |  |
| tow Well  |                        | Change is            |               | porter of:         | 6  | 10                   | ,                     | /              |                    |                |  |
| Recompletion 🕌  | Oil                    | 는                    | Dry C         |                    | Oy   | ler. Ch              | wge                   | chry           |                    |                |  |
| Change in Operator 🔛  | Chainghe               | ad Cas               | Cond          | etambe [           |  |                      | <del> </del>          | \              |                    | ····           |  |
| change of operator give same No:  | rthwest                | Pipel:               | ine           | Corp., 3           | 3539 E. 3  | 30th, Fa             | rmingto               | on, NM 8       | 7401               | <del></del>    |  |
| L DESCRIPTION OF WEL  | L AND LE               | ASE                  |               |                    |  |                      |                       | <u></u>        |                    |                |  |
| Lease Name  |                        | Well No.             |               | Name, Includi      | ng Formation                                     |                      |                       | Kind of Lasse  |                    | Lease No.      |  |
| Aztec   | 201 Bas                |                      | asin Fru      | sin Fruitland Coal |  |                      | State, Pederal of Foo |                | 78655              |                |  |
| Location  |                        |                      |               | •                  |  |                      |                       |                |                    |                |  |
| Unit Letter A   | . 80                   | )7                   | Foot I        | Programme No       | rth Lin  | 115                  | 5 <b>r</b>            | et From The .  | East               | Line           |  |
| OEL DAMA  | \                      |                      |               |                    |  |                      |                       | 1              |                    |                |  |
| Section 17 Town   | aship 3                | 32N                  | Rese          | • 10W              | , No   | VPM,                 | San Jua               | in             |                    | County         |  |
|   |                        |                      |               |                    |  |                      |                       |                |                    |                |  |
| II. DESIGNATION OF TR   | ANSPORTI               |                      |               | ND NATU            | RAL GAS  | e address to wi      | Lick approved         | com of this f  | orm is to be a     | ent)           |  |
| Name of Authorized Transporter of Ol                                    | · 🗆                    | or Coade             | 4346          |                    | ALLEGE (UM                                       | s acces to a Wi      | and approve           | ال صدر که دخت  |                    |                |  |
| None  | ninakan Africa         |                      |               | - 0 0              | 144  |                      | L'al annu d           | م داده م       | oraș je to be e    | end)           |  |
| Name of Authorized Transporter of Co                                    |                        | لسا                  | <u>ज )ग</u> ् | y Cas [X]          |  | x 36900              |                       |                |                    |                |  |
| Williams Flerd Servi  |                        |                      | 7~-           | <u> </u>           |  |                      |                       |                |                    |                |  |
| If well produces oil or liquids,<br>tive location of tenks.             | 102                    | Sec.                 | Top           | I Kgc.             | is gas actually                                  | y compectati         | i woes                | · Attn:        | Claire             | rott <b>er</b> |  |
|   |                        | has leave or         |               |                    | iee enter arreit                                 |                      |                       |                |                    |                |  |
| This production is commingled with to.  COMPLETION DATA                 | na 110m <b>12y</b> 0   | uni FAR (I           | hoor' l       | hae committee      | न्नद्व शतका स्थाप                                | A                    |                       |                |                    |                |  |
| V. COMPLETION DATA  |                        | Oli Wel              |               | Out Well           | New Well   | Workover             | Deepen                | Bug Back       | Same Res'v         | Diff Resty     |  |
| Designate Type of Completi  | on - (X)               | I CO WE              | • ¦           | OES WEE            | i tem men  | j wato <del>rd</del> | ) bedea               | 1              | 1                  | 1              |  |
|   |                        | apl. Ready t         | n Parid       |                    | Total Depth                                      | L                    | <u> </u>              | PATA.          | 1                  |                |  |
| Date Spudded  |                        | y                    | , <u>.</u>    |                    |  |                      | •                     |                |                    |                |  |
| Elevations (DF, RKB, RT, GR, etc.)                                      | Name of                | Producing I          | io medic      |                    | Top Oil/Gas                                      | Pay                  | <del></del>           | Tubing Dep     | <u> </u>           |                |  |
| FIGNIBOLE (PA. WYP. W. Coc. arc.)                                       |                        |                      |               |                    |  | •                    | •                     |                | _                  |                |  |
| Perforations  |                        |                      |               |                    | <u> </u>   | <del></del>          |                       | Depth Casis    | eg Shoe            |                |  |
| 1 #100 anom   |                        |                      |               |                    | •  |                      |                       | 1              | -                  |                |  |
|   | <del></del> ,          | TIRN                 | CAS           | TNG AND            | CEMENTY  | NG RECOR             | D                     | <u> </u>       |                    |                |  |
|   |                        |                      |               |                    | CEMENTING RECORD DEPTH SET                       |                      |                       | SACKS CEMENT   |                    |                |  |
| HOLE SIZE   | <del></del>            | CASING & TUBING SIZE |               |                    |  | JET IN SET           |                       |                |                    |                |  |
|   |                        |                      |               |                    | <del>                                     </del> |                      |                       |                |                    |                |  |
|   |                        |                      |               |                    | 1  |                      |                       | 1              |                    |                |  |
|   | -1                     |                      |               | <del></del>        | <del>                                     </del> | <del></del>          |                       | 1              |                    |                |  |
| V. TEST DATA AND REQU   | IEST FOR               | ALLOW                | ABL           | R                  | J  |                      |                       |                |                    |                |  |
| OIL WELL (Test must be aft  | ler recovers of        | total volum          | e of loo      | <br>d oil and mus  | he anual to as                                   | exceed too ell       | owable for th         | is depth or be | for full 24 ho     | res)           |  |
| Date First New Oil Rus To Tank  | Date of T              |                      |               |                    | Producine M                                      | ethod (Flow, p       | ump, gas lift,        | etc.)          | <u> </u>           |                |  |
| Date Line Lea On lear 10 1  | J                      | _                    |               |                    |  |                      |                       |                | CE                 | WE             |  |
| Length of Test  | Tubing P               | TCLEUR               |               | ~ ~~~~             | Casing Press                                     | 1176                 |                       | SE SE          | O F                | . (E           |  |
| Dragen or 1000  |                        |                      |               |                    | 1  |                      |                       | 111//          |                    |                |  |
| Actual Prod. During Test  | Oil - Bhi              | Oil - Bbis.          |               |                    | Water - Bbis.                                    |                      |                       | Cas-MC         | 70 YAN             | 1991           |  |
| White Line Parish and   |                        |                      |               |                    |  |                      |                       | <u> </u>       | •                  |                |  |
|   |                        |                      |               |                    | <u> </u>   |                      |                       | Oll            | CON                | . UIV.         |  |
| GAS WELL  | <del></del>            | / <del>*</del> .=    |               |                    | TRAIL 20:-2                                      | AADE                 |                       | The wife of    | প্ <del>কারে</del> |                |  |
| Actual Frod Test - MCF/D  | Longth of              | 106                  |               |                    | Bbls. Conde                                      | LINE MINICIPALITY    |                       |                | र्घाजाः            | • •            |  |
|   | MORE                   | recause (55)         | ad Yax        |                    | 10000  | the Chief Live       |                       | Choks Siz      |                    |                |  |
| Testing Method (pitot, back pr.)  | I moral 1              | seems (29)           | W-M)          |                    | Count Lien                                       | use (Shut-ia)        |                       |                | -                  |                |  |
|   | L                      | <del> </del>         |               |                    | <b>-</b>   |                      |                       |                |                    | <del></del>    |  |
| VL OPERATOR CERTIF  | ICATE O                | F COM                | PLIA          | INCE               | 11 .   | OIL CO               | NOEDV                 | /ATION         | DIVISI             | ON             |  |
| I have write that the rules and I                                       | regulations of th      | se Oil Cons          | ervation      | 1                  | 11 '   | OIL CO               | NOEUA                 |                | - DI 7 101         | <b>VI</b> 1    |  |
| Printeling have been complied with and that the information gives above |                        |                      |               |                    | 11   |                      |                       | MAY 0          | 7 1001             |                |  |
| is true and complete to the best of                                     | my mowledge            | ma belief.           |               |                    | Date   | a Approve            | ed                    | MICH V         | 1 1241             |                |  |
|   |                        |                      |               |                    |  |                      |                       |                | Λ                  |                |  |
| V. 3. Column  |                        |                      |               |                    | ∥ By_  |                      | つ.                    | 1) 6           | 2/2                |                |  |
| Signature   |                        | \1 - ·               | c D           |                    | 11   | <del></del>          |                       |                | -                  |                |  |
| L. E. Robinson  | srD                    | TIE                  | Te            | <u>od. Eng</u> r   |  |                      | SUPE                  | RVISOR         | DISTRIC            | T #8           |  |
| 5-3-91  | (505)                  | 599-34               |               |                    | . Title  | )                    |                       |                |                    |                |  |
| <u>J-J-J1</u>   |                        |                      | elechos       |                    | 11   |                      |                       |                |                    |                |  |

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.