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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND RECEIVED
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104 and C-110
 Effective 1-1-65

DEC 19 1975

O. C. C.

ARTESIA, OFFICE

Operator
The Petroleum Corporation of ~~Delaware~~

Address
3303 Lee Parkway, Dallas, Texas 75219

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain)
Initial C-104 was filed showing Tesoro Oil Company as purchaser.

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name Parkway West Unit	Well No. 2	Pool Name, including Formation West Parkway Morrow Gas	Kind of Lease State, Federal or Fee State	Lease No. K-3076-2
Location Unit Letter G ; 1980 Feet From The North Line and 1980 Feet From The East				
Line of Section 29 Township 19S Range 29E , NMPM, Eddy County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1556, Breckenridge, Texas 76024			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, Texas 79999			
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 29	Twp. 19S	Rge. 29E
Is gas actually connected? Yes	When 6/75 6-24-75			

If this production is commingled with that from any other lease or pool, give commingling order number: **No**

V. COMPLETION DATA

Designate Type of Completion - (X) X	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7-25-74	Date Compl. Ready to Prod. 11-25-74		Total Depth 11475'		P.B.T.D. 11,204'			
Elevations (DF, RKB, RT, GR, etc.) G.L. 3287	Name of Producing Formation Morrow		Top Oil/Gas Pay 11110'		Tubing Depth 11,000'			
Perforations 11110 to 114'; 11142 to 149'					Depth Casing Shoe 11,422'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15	11-3/4		410		500 sx			
11	8-5/8		3,010		1st sta. 500; DV 1050 sx			
7-7/8	5-1/2		11,475		750 sx DV top			
	2-3/8				@1788'			

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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 1,619	Length of Test 4 hr.	Bbls. Condensate/MMCF 14.26	Gravity of Condensate 53.2
Testing Method (pitot, back pr.) 4 Pt. B.P.	Tubing Pressure (Shut-in) 3352 psig	Casing Pressure (Shut-in) pk.	Choke Size 14/64"

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Robert H. Vick
 (Signature) **Robert H. Vick**
 Petroleum Engineer
 (Title)
12-15-75
 (Date)

OIL CONSERVATION COMMISSION

APPROVED **DEC 29 1975**, 19

BY *W. A. Gressett*
 TITLE **SUPERVISOR, DISTRICT II**

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
 Separate Forms C-104 must be filed for each pool in multiply