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	GAS	
OPERATOR		2
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

B.K.

30-039-21885

Operator		PETROLEUM CORPORATION OF TEXAS	
Address		P. O. Box 911, Breckenridge, Texas 76024	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Federal 1	Well No.	2	Pool Name, including Formation	Chacon Dakota Associated	Kind of Lease	State, Federal or Fee Federal	Lease No.	SF 081347
Location									
Unit Letter	B		990	Feet From The	North	Line and	1850	Feet From The	East
Line of Section	32	Township	24N	Range	3W		NMPM,	Rio Arriba	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input type="checkbox"/>	or Condensate	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Permian Corporation				P. O. Box 1702, Farmington, N.M. 87401		
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/>	or Dry Gas	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
El Paso Natural Gas Co.				P. O. Box 990, Farmington, N.M. 87401		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	B	32	24N	3W	No	Unknown

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Designate Type of Completion - (X)	X	Oil Well	X	Gas Well	X	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	10-31-78	Date Compl. Ready to Prod.	1-10-79	Total Depth	7606'	P.B.T.D.	7513'				
Elevations (DF, RKB, RT, GR, etc.)	7130' KB	Name of Producing Formation	Dakota	Top Oil/Gas Pay	7235'	Tubing Depth	7249'				
Perforations	7235' - 7265' & 7353 - 7359'	Depth Casing Shoe	7602'								
TUBING, CASING, AND CEMENTING RECORD											
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT								
12-1/4"	8-5/8"	359'	350								
7-7/8"	4-1/2"	7602'	1055								
	2-3/8"	7249'									

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	1-17-79	Date of Test	1-29-79	Producing Method (Flow, pump, gas lift, etc.)	Flow
Length of Test	24 hours	Tubing Pressure	700	Casing Pressure	1300
Actual Prod. During Test		Oil-Bbls.	100	Water-Bbls.	-0-
				Gas-MCF	690

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.
FOR: PETROLEUM CORPORATION OF TEXAS

Ewell N. Walsh, P. (Signature)
President, Walsh Engineering & Production Corp.
Feb. 12, 1979
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 14 1979, 19
BY Original Signed by A. R. Kendrick
TITLE SUPERVISOR DIST. #3

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 completed wells.