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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  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator  
**PETROLEUM DEVELOPMENT CORPORATION**

Address  
**9720-B Candelaria, N.E., Albuquerque, N.M., 87112**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well <input type="checkbox"/>	Change in Transporter of:	<b>EXCEED GAS MUST NOT BE PLACED AFTER 11/18/ UNLESS AN EXCEPTION TO R-1070 IS OBTAINED.</b>
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner Coquina Oil Corporation

**DESCRIPTION OF WELL AND LEASE** *North Lusk Bone Springs R-6838 (12-1-81)*

Lease Name <b>Shelly Federal Comm.</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Undes. Bone Springs Sand</b>	Kind of Lease <b>Fed NM 17435</b>
Location			
Unit Letter <b>H</b>	Feet From The <b>1,980'</b>	Line and <b>North</b>	Feet From The <b>660'</b> East
Line of Section <b>5</b>	Township <b>19S</b>	Range <b>32E</b>	NMPM, <b>Lea</b> County

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>The Permian Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 838, Hobbs, N.M., 88240</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Continental Oil Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>555 17th St., Denver, Colorado, 80202</b>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
<b>H 5 19S 32E</b>	<b>No</b>

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

**COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	<b>X</b>			<b>X</b>				<b>X</b>
Date Spudded <b>7/29/80</b>	Date Compl. Ready to Prod.	Total Depth <b>13,059'</b>	P.B.T.D. <b>12,400'</b>					
Pool <b>Undesignated</b>	Name of Producing Formation <b>Bone Springs Sand</b>	Top Oil/Gas Pay <b>8,528'</b>	Tubing Depth <b>8,478'</b>					
Perforations <b>8,528' - 8,560' 2 JHPF</b>	Depth Casing Shoe <b>13,059'</b>							

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>17 1/2"</b>	<b>13-3/8" - 54.5#/ft.</b>	<b>410'</b>	<b>425 sx. - circulate</b>
<b>12 1/4"</b>	<b>8-5/8" - 24# &amp; 28#/ft.</b>	<b>4,196'</b>	<b>1,295 sx. - circulate</b>
<b>7-7/8"</b>	<b>5 1/2" - 17#/ft.</b>	<b>13,059'</b>	<b>1,075 sx. - TOC @ 8590'</b>
<b>7-7/8"</b>	<b>5 1/2" - 17#/ft.</b>	<b>13,059'</b>	<b>250 sx. (8515'-7200')</b>

**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 <b>3/30/81</b>	Date of Test <b>4/3/81</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Swabbed - W.O. pumping unit</b>	
Length of Test <b>10 hrs.</b>	Tubing Pressure <b>360</b>	Casing Pressure <b>40</b>	Choke Size <b>64/64"</b>
Actual Prod. During Test <b>74</b>	Oil - Bbls. <b>35</b>	Water - Bbls. <b>39</b>	Gas - MCF <b>60</b>

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) <b>1</b>	Tubing Pressure	Casing Pressure	Choke Size

**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.

*[Signature]*  
Field Manager  
(Title)

**9/8/81**  
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED SEP 16 1981, 19

BY Jerry Sutton  
TITLE District Supv.

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 Sections I, II, III, and VI only 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.