

**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

DISTRIBUTION		
SALTA FE		
FILE		
J.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. OPERATOR
PETROLEUM DEVELOPMENT CORPORATION
 Address
 9720 B Candelaria N.E., Albuquerque, New Mexico 87112

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)

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

II. DESCRIPTION OF WELL AND LEASE *N. Lusk Morrow Gas R-5215*

Lease Name McKay-Shell Federal	Well No. 1	Pool Name, Including Formation undesignated - Morrow	Kind of Lease State, Federal or Fee Federal	Lease No. LC-067982B
Location Unit Letter L ; 2310 Feet From The south Line and 990 Feet From The west Line of Section 3 Township 19 south Range 32 east , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Western Oil Transportation Company, Inc.	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas 79701			
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) PO Box 1492, El Paso, Texas 79978			
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 3	Twp. 19S	Rge. 32E
	Is gas actually connected? no		When estimated - 4/20/76	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X						
Date Spudded 10/30/75	Date Compl. Ready to Prod. 2/23/76	Total Depth 13,007		P.B.T.D. 12,946				
Elevations (DF, RKB, RT, GR, etc.) 3666 KB	Name of Producing Formation Morrow	Top Oil/Gas Pay 12,603		Tubing Depth 12,545				
Perforations 12603-05; 12614-20; 12664-65; 12669-70; 12688-95; 12714-16; 12726-30; 12741-46; 12755-59; 12896-900.		Depth Casing Shoe 13,007						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17½	13-3/8	396	450
11	8-5/8	4160	600
7-7/8	5½	13,007	700
	2-3/8	12,545	

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 956	Length of Test 5 hrs.	Bbls. Condensate/MMCF 83	Gravity of Condensate 53.1
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (shut-in) 3930	Casing Pressure (shut-in) 2350	Choke Size 10/64" ck.

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]
 President
 4/7/76
 (Date)

OIL CONSERVATION COMMISSION

APPROVED **MAY 4 1976**, 19____
 BY *[Signature]*
 TITLE **SUPERVISOR DISTRICT I**

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.

RECEIVED

1980 1970

OF THE NATIONAL ARCHIVES