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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

ARTESIA OFFICE

AUG 27 '89

Operator	THE PETROLEUM CORPORATION OF DELAWARE	ARTESIA OFFICE No.	30-015-23975
Address	3131 TURTLE CREEK BLVD., SUITE 400, DALLAS, TX 75219-5415		
Reason(s) for Filing (Check proper box)	<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator			

II. DESCRIPTION OF WELL AND LEASE

Lease Name	SUPERIOR FEDERAL	Well No.	5	Pool Name, including Formation	E. BURTON FLAT (STRAWN)	Kind of Lease	State, Federal or Fee	Lease No.	NM-0144698
Location	Unit Letter K : 1980' Feet From The SOUTH Line and 1980' Feet From The WEST Line Section 5 Township 20S Range 29E, NMPM, EDDY 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"/>	Address (Give address to which approved copy of this form is to be sent)
KOCH		1801 W. TEXAS, STE. 201, MIDLAND, TX 79702
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
TRANSWESTERN		P.O. BOX 1188 HOUSTON, TX 77251-1188
If well produces oil or liquids, give location of tanks.	Unit K Sec. 5 Twp. 20S Rgn. 29E	Is gas actually connected? NO When? 9/5/89

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	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
4/20/89	7/31/89	11,570'	11,250'					
Elevations (DP, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
GL 3292'	STRAWN	10,306'	10,230'					
Perforations ALL MORROW PLUGGED: 11274-82, 11462-70, 11370-82, 11356-60, 11326-32; STRAWN: 10306-10	Depth Casing Shoe		11,570'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8" K-55 54.5#	350'	370 SX CLASS "C"					
11"	8-5/8" K-55 32#	3205'	1617 SX CLASS "A" & "C"					
7-7/8"	5-1/2" N-80 17 & 20#	11578'	695 SX CLASS "H"					
	238	10,230						

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.)

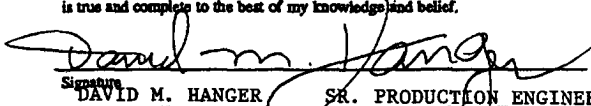
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
842	8 HRS	23	N/A
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
BACK PRESSURE	505 (1400)	0 (0) PKR	48/64"

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature 
DAVID M. HANGER SR. PRODUCTION ENGINEER
Printed Name
AUGUST 25, 1989 (214) 528-5898
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____

By  _____

Title _____

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.