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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

RECEIVED

JUN 19 1991

O. C. D.
ARTESIA OFFICE

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator THE PETROLEUM CORPORATION OF DELAWARE		Well API No. 30-015-23975
Address 3131 TURTLE CREEK BLVD., SUITE 400, DALLAS, TX 75219-5415		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Connect Notice
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) 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) P.O. BOX 1188 HOUSTON, TX 77251-1188
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgn. Is gas actually connected? When?
	K 5 20S 29E Yes Sept 20, 1989

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 4/20/89	Date Compl. Ready to Prod. 7/31/89		Total Depth 11,570'		P.B.T.D. 11,250'			
Elevations (DP, RKB, RT, GR, etc.) GL 3292'	Name of Producing Formation STRAWN		Top Oil/Gas Pay 10,306'		Tubing Depth 10,230'			
Perforations ALL MORROW PLUGGED: 11274-82, 11462-70, 11370-82, 11356-60, 11326-32; STRAWN: 10306-10					Depth Casing Shoes 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"			

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.)

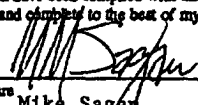
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 1800	Length of Test 24 hrs	Bbls. Condensate/MMCF 35	Gravity of Condensate N/A
Testing Method (plot, back pr.) Metered	Tubing Pressure (Shut-in) 550	Casing Pressure (Shut-in) 0 (0) PKR	Choke Size 32/64"

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 
Mike Sagan Operations Engineer
Printed Name **Oct 12, 1989 (214) 528-5898**
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JUN 24 1991**

By 

Title **SUPERVISOR, DISTRICT II**

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.