



# PETROLEUM DEVELOPMENT CORPORATION

9720-B CANDELARIA, NE  
ALBUQUERQUE, NEW MEXICO 87112  
TELEPHONE (505) 293-4044

October 10, 1980

RECEIVED

OIL CONSERVATION DIVISION  
PO Drawer U  
Artesia, New Mexico 88210

OCT 15 1980

O. C. D.  
ARTESIA, OFFICE

Gentlemen:

RE: Llano-McKay Federal Com. #2, Eddy County, New Mexico.

On August 12, 1980, we sent you 5 copies of the form C104 for the captioned well. As of this date, we have not received an approved copy for our files.

We are enclosing herewith an additional five copies of that form for your approval.

We would appreciate your advising us of the status of this request.

Thank you for your usual cooperation.

Sincerely,  
PETROLEUM DEVELOPMENT CORPORATION

Charlotte Johnson

/cj  
encls. 5

10-16-80 - Please find attached a copy of the original C-104 which was approved by Mr. Gressett on 10-10-80.

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
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 1-1-80  
**RECEIVED**

AUG 13 1980

O. C. D.  
ARTESIA, OFFICE

I.

Operator <b>PETROLEUM DEVELOPMENT CORPORATION</b>	
Address <b>9720 B Candelaria NE, Albuquerque, New Mexico 87112</b>	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/> XX	Change in Transporter of:
Recompletion <input 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

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>LLANO-McKAY FEDERAL COM.</b>	Well No. <b>2</b>	Pool Name, Including Formation <b>Undesignated Morrow</b>	Kind of Lease <b>Fed: NM23003</b> <b>State: LG3180</b>
Location			
Unit Letter <b>D</b>	<b>660</b> Feet From The <b>west</b> Line and <b>750</b> Feet From The <b>north</b>		
Line of Section <b>13</b>	Township <b>19S</b>	Range <b>31E</b>	NMPM, <b>Eddy</b> 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"/> XX <b>THE PERMIAN CORPORATION</b>	Address (Give address to which approved copy of this form is to be sent) <b>PO Box 838, Hobbs, NM 88240</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> XX <b>LLANO, INC.</b>	Address (Give address to which approved copy of this form is to be sent) <b>PO Drawer 1320, Hobbs, NM 88240</b>
If well produces oil or liquids, give location of tanks.	Unit <b>D</b> Sec. <b>13</b> Twp. <b>19</b> Rge. <b>31</b>
Is gas actually connected?	When <b>10-6-80</b> <b>approx. 9/1/80</b>

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> XX	New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>
Date Spudded <b>3/10/80</b>	Date Compl. Ready to Prod. <b>6/30/80</b>	Total Depth <b>12,660</b>
Pool <b>Jusk Morrow</b> <b>Undesignated</b>	Name of Producing Formation <b>Morrow</b>	Top Oil/Gas Pay <b>12,526</b>
Perforations <b>12526-530; 12545-548; 4 JHPF</b>	Tubing Depth <b>12,670</b>	
Depth Casing Shoe <b>-</b>		

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>13- 3/8"</b>	<b>48#</b>	<b>400'</b>	<b>450 SX.</b>
<b>8-5/8"</b>	<b>24# - 32#</b>	<b>3882</b>	<b>1125 SX.</b>
<b>4 1/2"</b>	<b>11.6# - 13.5#</b>	<b>12655</b>	<b>720SX.</b>

## 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 <b>343.54</b>	Length of Test <b>4 hrs.</b>	Bbls. Condensate/MMCF <b>15.83</b>	Gravity of Condensate <b>57° @ 60° F</b>
Testing Method (pitot, back pr.) <b>4 pt. back pressure</b>	Tubing Pressure <b>3060-2475</b>	Casing Pressure <b>pk.</b>	Choke Size <b>8/64-15/64</b>

## 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.

President

8/12/80

(Signature)

(Title)

(Date)

## OIL CONSERVATION COMMISSION

OCT 10 1980

APPROVED \_\_\_\_\_, 19

BY **W.A. Gussitt**  
TITLE **SUPERVISOR, DISTRICT II**

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.