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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

MAY - 6 1991

O. C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator The Petroleum Corporation of Delaware	Well API No. 30-015-26590
Address 3131 Turtle Creek Blvd., Ste. 400, Dallas, TX 75219	
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"/>
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	

I. DESCRIPTION OF WELL AND LEASE

Lease Name Superior Federal	Well No. 9	Pool Name, Including Formation East Burton Flat (Atoka)	Kind of Lease State, Federal or Fee	Lease No. NM 0144 698
Location Unit Letter <u>G</u> : <u>1830</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>1</u> Township <u>20S</u> Range <u>29E</u> , NMPM, <u>Eddy</u> County				

II. 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) P. O. Drawer 159, Artesia, NM 88210
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) 9111 Jollyville Rd. #215 Austin, TX 78759
If well produces oil or liquids, give location of tanks.	Unit <u>G</u> Sec. <u>1</u> Twp. <u>20S</u> Rge. <u>29E</u> Is gas actually connected? <u>Yes</u> When? <u>4-19-91</u>
If this production is commingled with that from any other lease or pool, give commingling order number:	

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input 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 12-28-90	Date Compl. Ready to Prod. 4-15-91		Total Depth 11892		P.B.T.D. 11805			
Elevations (DF, RKB, RT, GR, etc.) 3317 ground	Name of Producing Formation Atoka		Top Oil/Gas Pay 10961		Tubing Depth 10859			
Perforations 10961-966, 11041-048, 11226-233					Depth Casing Shoe 11892			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20" 94 #/ft	467	1225
17-1/2"	13-3/8" 48 #/ft	1162	1125
12-1/4"	8-5/8", 24 & 32 #/ft	3450	1925 DV tool @ 1792
7-7/8"	5-1/2", 17 #/ft	11892	1700 DV tool @ 7026

VI. 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 3030	Length of Test 12.5 hrs	Bbls. Condensate/MMCF 23.76	Gravity of Condensate NA
Testing Method (pilot, back pr.) Metered	Tubing Pressure (Shut-in) 1250	Casing Pressure (Shut-in) 250	Choke Size 20/64

VII. 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.

Tom L. Sprinkle
Signature
Tom L. Sprinkle District Manager
Printed Name
4-23-91
Date
(214) 528-5898
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 15 1991

By ORIGINAL SIGNED BY
MIKE WILLIAMS
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.