

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

RECEIVED

MAY 4 1981

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

The Petroleum Corporation of Delaware

Address
One Marienfeld Place, Suite 555, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well ☐ Designate
Recompletion ☐ Change in Transporter of:
Change in Ownership ☐ Oil ☒ Dry Gas ☐
Casinghead Gas ☐ Condensate ☒

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Parkway West Unit	Well No. 8	Pool Name, including Formation Morrow	Kind of Lease State, Federal or Fee State	Lease No. L3099
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Location

Unit Letter K ; 1980 Feet From The South Line and 1980 Feet From The West

Line of Section 22 Township 19-S Range 29-E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input checked="" type="checkbox"/> KOCH OIL COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1558, Breckenridge, Texas 76024
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, Texas 79999

If well produces oil or liquids, give location of tanks.	Unit K	Sec. 22	Twp. 19S	Rge. 29-E	Is gas actually connected? Yes	When 4/21/80
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If this production is commingled with that from any other lease or pool, give commingling order number: NA

IV. COMPLETION DATA

Designate Type of Completion -- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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

*P. J. ID-3
Added 17-100
5-8-81*

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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.

Claudia Spied
(Signature)
Engineering Assistant
(Title)
4/30/81
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 08 1981

BY N. A. Gressitt

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 deviated 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.

Separate Forms C-104 must be filed for each pool in multiple recompleted wells.