~	NO. OF COPIES RECEIVED	·	~		
Ì			NSERVATION COMMISSION	Form C-104	
h	SANTA FE		OR ALLOWABLE	Supersedes Old C-104 and C-110	
	FILE /		AND	Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GA	NS	
-	LAND OFFICE				
	RANSPORTER GAS /				
┢	OPERATOR	R	ECEIVED		
PRORATION OFFICE					
. [Operator ////////////////////////////////////				
Ļ	The Petroleum Corporation of Delaware JUL 13 1977				
	3303 Lee Parkway Odlar Jepas 75219 D. C. C. ason(s) for filing (Check proper box)				
⊦	Reason(s) for filing (Check proper box)	son(s) for filing (Check proper box)			
	New Well	Change in Transporter of:			
	Recompletion X	Oil Dry Gas			
L	Change in Ownership	Casinghead Gas Condens	iate	i	
1	If change of ownership give name				
1	and address of previous owner				
II. DESCRIPTION OF WELL AND LEASE				Lease No.	
Ī	Lease Name Unit Letter M Well No. Pool Name, Including Formation Kind of Lease NM Superior Federal 3 Buccel 1 Strawn State, Federal or FeeFederal NM Location M 660 Feet From The South Line and 660 Feet From The West				
				County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
11.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	or Condensate X	Address (Give address to which approv	ed copy of this form is to be sent)	
l	Koch Oil Co.		P.O. Box 1556 Brecke	enridge, Tex 76024	
	Name of Authorized Transporter of Cas	inghead Gas 🛣 or Dry Gas 🗍	Address (Give address to which approv	1	
	El Paso Natural G	ao	P.O. Box 1492 El Pas		
	If well produces oil or liquids,	Unit Sec. Twp. Fge.	Is gas actually connected? When Yes	n = 5 - 16 - 77	
]		ive location of tanks. M 4 20-5 23-E 165			
īv	this production is commingled with that from any other lease or pool, give commingling order number: OMPLETION DATA				
		n - (X) Oil Well Gas Well X	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completio			P.B.T.D.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth 11,710	11,000	
	6-2-74 Elevations (DF, RKB, RT, GR, etc.)	5-16-77 Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	GL 3308	Strawn	10,512	10,475	
	Perforations	001000		Depth Casing Shoe	
	10512-528			11710	
			DEPTH SET	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	597	600 sx	
	$17 \frac{1}{2}$ "	8 5/8	3099	800 + 800 sx	
	7 7/8"	5 1/2	11,710	700 sx	
	7 7/8"	2''	10,475	· · · · · · · · · · · · · · · · · · ·	
V.		ST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- able for this depth or be for full 24 hours)			
	OIL WELL Date First New Oil Run To Tanks	11. WELLS Deduction Methods (Flow pump gas life etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
		Oil-Bbls.	Water-Bbis.	Gas-MCF	
	Actual Prod. During Test				
	I	1			
	GAS WELL			Gravity of Condensate	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	60*	
	1,732 Testing Method (pitot, back pr.)	4 hours Tubing Pressure (shut-in)	38.5 Casing Pressure (Shut-in)	Choke Size	
		2875	Packer	16/64	
v۲	Back Pressure CERTIFICATE OF COMPLIAN			TION COMMISSION	
¥1.			1 1 8 1977		
	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.		APPROVED 19 19		
			BY_W. Q. Susset		
			SUPERVISOR, DISTRICT. H		
	Acti	7/	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despend		
	Detroleum Engineor (Title) 7-11-77 (Date)		If this is a request for allowable for a newly drifted of deepleted 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 allow- able 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 multiply		
			complated wells.		