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

State of New Mexico
Energy, Minerals and Natural Resources Department

RECEIVED

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

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

SEP 12 '89

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator The Petroleum Corporation of Delaware ✓	Well API No.
Address 3131 Turtle Creek Blvd., Suite 400, Dallas, TX 75219	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" 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	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Superior Federal	Well No. 6	Pool Name, Including Formation East Burton Flat (Morrow)	Kind of Lease State, Federal or Fee	Lease No. NM-144698
Location Unit Letter <u>N</u> : <u>660'</u> Feet From The <u>South</u> Line and <u>1980'</u> Feet From The <u>West</u> Line Section <u>6</u> Township <u>20S</u> Range <u>29E</u> , 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)
Koch Oil Co.	P.O. Box 1558 Breckinridge, TX 76024
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	P.O. Box 1492 El Paso, TX 77999
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When?
	N 6 20S 29E yes 6/10/82

If this production is commingled with that from any other lease or pool, give commingling order number: Pending Case 9663

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			X	
Date Spudded 12/19/81	Date Compl. Ready to Prod. 4/1/82	Total Depth 11,600'	P.B.T.D. 11,559'					
Elevations (DF, RKB, RT, GR, etc.) 3274.4 GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 11,127	Tubing Depth 10,710'					
Perforations 11006-11011; 11118-11122; 11177; 11180; 11186; 11195; 11199; 11203; 11217; 11236; 11241; 11247; 11251; 11267; 11270; 11276; 11281; 11301; 11306; 11310; 11314		Depth Casing Shoe 11,600'						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
15"	11 3/4	350		350 sacks				
11"	8 5/8	3105		2550 sacks				
7 7/8"	4 1/2	11600		1775 sacks				

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.)	
		Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Water - Bbls.	Gas- MCF
Actual Prod. During Test	Oil - Bbls.		

GAS WELL

Actual Prod. Test - MCF/D 518	Length of Test 24 hrs.	Bbls. Condensate/MMCF 3	Gravity of Condensate 55.9
Testing Method (pilot, back pr.) Orifice Meter	Tubing Pressure (Shut-in) 1100	Casing Pressure (Shut-in) Packer	Choke Size 16/64"

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.

Tom Sprinkle
Signature
Tom L. Sprinkle Div. Production Manager
Printed Name
9/6/89 Title
Date (214) 528-5898 Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 21 1989

By ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

Title _____

- INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
 - All sections of this form must be filled out for allowable on new and recompleted wells.
 - Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 - Separate Form C-104 must be filed for each pool in multiply completed wells.