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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

JUL 3 '90

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

ARTESIA, OFFICE

I.

Operator Petroleum Corporation of Delaware	Well API No.
Address 3131 Turtle Creek Blvd., Ste. 400, Dallas, TX 75219	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) Request testing allowable of 5000 bbls of condensate 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	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Superior Federal	Well No. 8	Pool Name, Including Formation East Burton Flat - Strawn	Kind of Lease State, Federal or Fee	Lease No. NM 0144698
Location Unit Letter N : 2130 Feet From The West Line and 990 Feet From The South Line Section 1 Township 20S Range 29E, 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"/> Navajo Refining Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, Artesia, NM 88210, 505-748-3311					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Delaware Natural Gas Pipeline	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 N	Sec. 1	Twp. 20S	Rge. 29E	Is gas actually connected? No	When? July 31, 1990

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 4-4-90	Date Compl. Ready to Prod. 6-19-90		Total Depth 11908		P.B.T.D. 11670			
Elevations (DF, RKB, RT, GR, etc.) 3298 GR	Name of Producing Formation Strawn		Top Oil/Gas Pay 10612		Tubing Depth 10510			
Perforations 10612-10622, 10626-10638, 10755-10770					Depth Casing Shoe 11899			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26"	20"		456'		820 + 800 (surface)			
17-1/2"	13-3/8"		1160'		795			
12-1/4"	8-5/8"		3450'		1560 (2 stage)			
7-7/8"	5-1/2"		11899'		1710 (2 stage)			

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.)	
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 700	Length of Test 4 hours	Bbls. Condensate/MMCF 38	Gravity of Condensate 54.6
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 2410	Casing Pressure (Shut-in) 0	Choke Size 10/64"

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.

Signature
David M. Hanger, Dist. Operations Engineer
Printed Name
6/28/90 (214) 528-5898
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 29 1990

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.