

NO. OF COPIES RECEIVED		4
DISTRIBUTION		
SANTA FE		/
FILE		/
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	
OPERATOR		/
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

RECEIVED

OCT 23 1978

I. Operator Orla Petco, Inc. ✓

Address P.O. Box 1383, Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	FLARED AFTER <u>12-11-78</u> ✓
		Dry Gas	<input type="checkbox"/>	UNLESS AN EXCEPTION TO Rule 306
		Condensate	<input type="checkbox"/>	IS OBTAINED

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<u>Gourley-Federal</u>	<u>2</u>	<u>Herradura Bend (Delaware)</u>	State, Federal or Fee <u>Federal</u>	<u>NY-26684</u>
Location				
Unit Letter <u>I</u>	<u>1650</u>	Feet From The <u>South</u> Line and <u>330</u>	Feet From The <u>East</u>	
Line of Section <u>31</u>	Township <u>22S</u>	Range <u>28E</u>	<u>NMPM</u>	<u>Eddy</u> County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>The Permian Corporation</u>	<u>P.O. Box 1183, Houston, Texas 77001</u>					
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)					
<u>NONE</u>						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>H</u>	<u>31</u>	<u>22S</u>	<u>28E</u>	<u>No Gas</u>	

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.
<u>XXXXXX</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>6/25/78</u>	<u>9/7/78</u>	<u>2456'</u>						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>3060' G.L.</u>	<u>Delaware Sand</u>	<u>2445'</u>	<u>2436'</u>					
Perforations			Depth Casing Shoe					
<u>NONE - Open Hole 2428-2456</u>			<u>2428'</u>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>10"</u>	<u>8 5/8"</u>		<u>369'</u>		<u>250 sx Class C, 25 CaCl</u>			
<u>8"</u>	<u>4 1/2"</u>		<u>2428'</u>		<u>500 sx Class C, 25 CaCl</u>			
<u>4 1/2"</u>	<u>2 3/8"</u>		<u>2436'</u>					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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.)	
<u>October 11, 1978</u>	<u>10/11/78</u>	<u>Pumping</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24 hrs.</u>	<u>-----</u>	<u>-----</u>	<u>-----</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
<u>13 bbls.</u>	<u>8</u>	<u>5</u>	<u>8</u>

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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.

James M. C. Patches Jr.
(Signature)
Field Superintendent
(Title)
October 17, 1978
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 24 1978, 19
BY W. A. Gressett
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 deviation 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.
Section I, Form C-104 must be filed for each well in multiple