STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION		
SANTA FE	✓	
FILE	✓	✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER OIL	✓	
TRANSPORTER GAS	✓	
OPERATOR	✓	
PRORATION OFFICE		

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

RECEIVED BY
JUN 21 1984
O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Worth Petroleum Company ✓

Address
P O Box 17406, Fort Worth, TX 76102

Reason(s) for filing (Check proper box)

				Other (Please explain)
New Well	[X]	Change in Transporter of:		
Recompletion	[ ]	Oil	[ ] Dry Gas [ ]	
Change in Ownership	[ ]	Casinghead Gas	[ ] Condensate [ ]	

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Amoco-Federal	5	Brushy Draw-Delaware	Federal	NM38636

Unit Letter A ; 990 Feet From The north Line and 330 Feet From The east

Line of Section 27 Township 26S Range 29E , NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]
The Permian Corp
Address (Give address to which approved copy of this form is to be sent)
P O Box 1183, Houston, TX 77001

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]
Conoco, Inc
Address (Give address to which approved copy of this form is to be sent)
P O Box 2197, Houston, TX 77001

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	27	26S	29E	yes	6/3/84

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

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
4-~~19~~8-84	6/3/84	5125	5061

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
2878.4 GR	Brushy Draw Delaware	~~4920~~ 4944	5044

Perforations
4944,47,50,59,61,68,70,79,81,83,88,90,5001,3,5,7,9,13,15,17,19,21,23,25,30,31

Depth Casing Shoe
5096

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12¼	8-5/8	512.33	300
7-7/8	5½	5096	350
	2-7/8	5044	

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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, Pump, gas lift, etc.)	
6/3/84	6/4/84	pump	Post IP 7-6-84 Comp 4 PM

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	-	140	½"

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
92	92	310	47 mcf

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

H. M. Clements
(Signature)

President
(Title)

June 18, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 29 1984, 19_____

BY Original Signed By Leslie A. Clements Supervisor District II

TITLE _____

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,