STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED BY
MAR 27 1985
O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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	7	BRUSHY DRAW (DELAWARE)	FEDERAL	NM-38636

Location
Unit Letter C : 2310 Feet From The WEST Line and 330 Feet From The NORTH

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 [ ]	Address (Give address to which approved copy of this form is to be sent)
PERMIAN CORPORATION	P O BOX 1183, HOUSTON, TX 77001
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
CONOCO, INC	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
	B	27	26S	29E	YES	2/21/85

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							

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
12/29/84	2/20/85	5130	5065
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
2885 (GR)	BRUSHY DRAW (DELAWARE)	4946	4926
Perforations			**Depth Casing Shoe**
4946-5004			5128

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12¼	8-5/8	452	450
7-7/8	5½	5130	350
	2-7/8" TBG	4926	

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.)	
2/20/85	2/20/85	PUMP	Post FD-2 3-15-85 Comp BK
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 HRS	85		X
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
129	129	160	69

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.

(Signature)

PRESIDENT
(Title)

FEBRUARY 22, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 1 6 1985, 19 _____

BY ORIGINAL SIGNED BY LARRY BROOKS GEOLOGIST - NMOCD

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, well name or number, or transporter, or other such change of condition.