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

JUN 10 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)

New Well	XX	Change in Transporter of:	
Recompletion		Oil	Dry Gas
Change in Ownership		Casinghead Gas	Condensate

Other (Please explain)
CASINGHEAD GAS MUST NOT BE FLARED AFTER 7-17-85 UNLESS AN EXCEPTION FROM THE B. L. M. IS OBTAINED

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	Lease No.
EXXON-FEDERAL	2	BRUSHY DRAW DELAWARE	State, Federal or Fee FEDERAL	NM44532

Location
Unit Letter N : 2310 Feet From The WEST Line and 330 Feet From The SOUTH

Line of Section 15 Township 26S Range 29E , NMPM, EDDY County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]
PERMIAN CORPORATION
Address (Give address to which approved copy of this form is to be sent)
P O BOX 1183, HOUSTON, TX 77251

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
	N	15	26S	29E	NO	

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.
3-2-85	4-27-85	5180	5146 ~~4146~~

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
2914 GR	BRUSHY DRAW DELAWARE	4984	4985

Perforations	Depth Casing Shoe
5037-5078	5178

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12¼	8-5/8	436	450
7-7/8	5½	5180	450
	2-7/8	4985	

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.)	
4/27/85	4/27/85	PUMP	Post ID-2 6-21-85 comp x BR

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 HRS			

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
67	67	280	39

GOR 582:1

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.

Pamela Lawrence
(Signature)
ADMINISTRATIVE ASSISTANT
(Title)
JUNE 6, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 13 1985, 19

BY Original Signed By
Les A. Clements

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, transporter, or other such change of condition.