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REVENUE	

REVENUE OIL CONSERVATION DIVISION

P. O. BOX 2088

JUN 10 1985 SANTA FE, NEW MEXICO 87501

O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

WORTH PETROLEUM COMPANY

Address

P O BOX 17406, FORT WORTH, TX 76102

Reason(s) for filing (Check proper box)

New Well	☒	Change in Transporter of:	
Completion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry 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

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 ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
PERMIAN CORPORATION	P O BOX 1183, HOUSTON, TX 77251
Name of Authorized Transporter of Casinghead Gas ☒ 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

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

Elevations (DF, RAB, 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
12 1/4	8-5/8	436	450
7-7/8	5 1/2	5180	450
	2-7/8	4985	

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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
4/27/85	4/27/85	PUMP	

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 HRS			

Initial Press. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
67	67	280	39

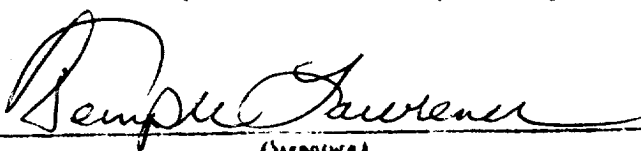
GOR 582.1

AS WELL

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

Casing Method (pilot, 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
is true and complete to the best of my knowledge and belief.

ADMINISTRATIVE ASSISTANT

JUNE 6, 1985

(Date)

OIL CONSERVATION DIVISION

JUN 13 1985

APPROVED _____, 19____

BY _____
Original Signed By
Les A. ClementsTITLE _____
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 allow-
able 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 conditions.