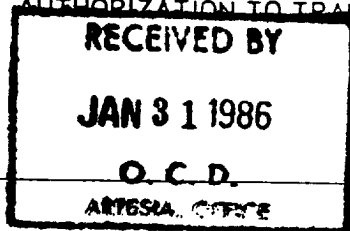


DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input type="checkbox"/>
LAND OFFICE	<input type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRORATION OFFICE	<input type="checkbox"/>

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND

Form C-104  
Supersedes Old C-104 and C-11  
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS



I.

Operator  
Worth Petroleum Company

Address  
P. O. Box 17406, Fort Worth, Texas 76102

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Amoco Federal	Well No. 9	Pool Name, Including Formation <del>Amoco</del> , Brushy Draw Delaware	Kind of Lease State, Federal or Fee Federal	Lease No. NM 38636
Location Unit Letter <u>K</u> ; <u>2,300</u> Feet From The <u>South</u> Line and <u>2,310</u> Feet From The <u>West</u> Line of Section <u>27</u> Township <u>26-S</u> Range <u>29-E</u> , NMPM, <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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77251-1183					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 460, Hobbs, New Mexico 88240					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 27	Twp. 26-S	Rge. 29-E	Is gas actually connected? Yes.	When 01-28-86

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 12-15-85	Date Compl. Ready to Prod. 1-19-86	Total Depth 5,100'	P.B.T.D. 5,082'					
Elevations (DF, RKB, RT, GR, etc.) 2,881'	Name of Producing Formation Delaware	Top Oil/Gas Pay 4,948'	Tubing Depth 4,950'					
Perforations 4,928' - 4,985'			Depth Casing Shoe 5,100'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	460'	300 <u>Post ID-2</u>					
7-7/8"	5-1/2"	5,100'	420 <u>2-7-86</u>					
5-1/2"	2-7/8"	4,950'	<u>comp &amp; BK</u>					

V. 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 1-19-86	Date of Test 1-20-86	Producing Method (Flow, pump, gas lift, etc.) Pumping, 2-1/2" x 1-1/2" x 17'	
Length of Test 24 hours	Tubing Pressure -----	Casing Pressure -----	Choke Size -----
Actual Prod. During Test	Oil - Bbls. 144	Water - Bbls. 145	Gas - MCF 86.4

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

Don Clements  
(Signature)

Agent  
(Title)

01-31-86  
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 31 1986, 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, or transporter, or other such change of condition.

Supersedes Form C-104 must be filed for each well to maintain