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	GAS	✓
OPERATOR		✓
PRORATION OFFICE		

## NEW MEXICO OIL CONSERVATION COMMISSION

## REQUEST FOR ALLOWABLE

AND

TRANSPORT OIL AND NATURAL GAS

Form C-104

Supersedes Old C-104 and C-110

Effective 1-1-65

AUTORECEIVED

JUN 02 1986

O. C. D.

ARTESIA, OFFICE

Operator

THE PETROLEUM CORPORATION OF DELAWARE ✓

Address

3811 TURTLE CREEK BLVD., SUITE 350, DALLAS, TEXAS 75219

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☒Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name BRUSHY 12 FEDERAL	Well No. 2	Pool Name, Including Formation BRUSHY DRAW DELAWARE	Kind of Lease State, Federal or Fee FEDERAL	Lease No. LC-071066
Location Unit Letter <u>K</u> ; <u>2310</u> Feet From The <u>SOUTH</u> Line and <u>1892</u> Feet From The <u>WEST</u> Line of Section <u>12</u> Township <u>26S</u> Range <u>29E</u> , NMPM, <u>EDDY</u> County				

## I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> NAVAJO REFINING COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. DRAWER 159, ARTESIA, NEW MEXICO 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> CONOCO INCORPORATED	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 20197, HOUSTON, TEXAS 77252					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 12	Twp. 26S	Rge. 29E	Is gas actually connected? YES	When 1/23/86

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

## II. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Past ID-3
			6-13-86
			Chg LT: KAC

## 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)

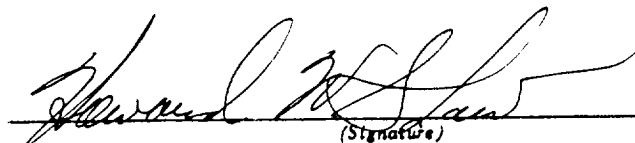
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

## 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

## 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.



VP - DRLG. &amp; PROD.

(Title)

MAY 28, 1986

(Date)

## OIL CONSERVATION COMMISSION

APPROVED JUN 9 1986, 19BY Original Signed ByLes A. ClementsTITLE Supervisor District II

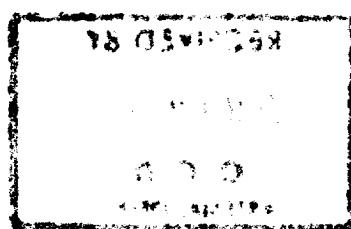
This form is to be filed in compliance with RULE 1104.

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 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.

RECORDING FUND 07104 MUST BE FILED FOR EACH YEAR IN COMPLIANCE



1000  
1000  
1000