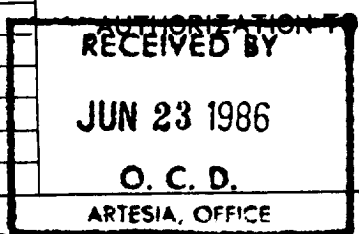


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SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input checked="" type="checkbox"/>
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65



Operator	
THE PETROLEUM CORPORATION OF DELAWARE	
Address	
3811 TURTLE CREEK BLVD., SUITE 350, DALLAS, TEXAS 75219-4419	
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"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

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.
BRUSHY 12 FEDERAL	3	BRUSHY DRAW DELAWARE	State, Federal or Fee FEDERAL	LC-071066
Location				
Unit Letter N ; 1987 Feet From The WEST Line and 630 Feet From The SOUTH				
Line of Section 12 Township 26 S Range 29 E , NMPM, EDDY County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
NAVAJO REFINING COMPANY	P.O. DRAWER 159, ARTESIA, N.M. 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
CONOCO INCORPORATED	P.O. BOX 20197, HOUSTON, TEXAS 77252					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	12	26S	29E	YES	6/17/86

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		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
5/8/86	6/17/86		3500		3452			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3024 RKB	BELL CANYON		3263 3270		3257			
Perforations					Depth Casing Shoe			
3270 - 3275; 3290 - 3294					3490			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	8-5/8	705	400-CIRC. TO SURFACE
7-7/8	4-1/2	3490	250 Past TD-2
	2-3/8	3257	6-27-86
			comp + BK

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)

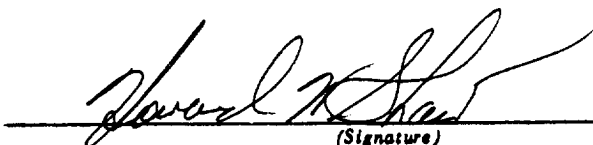
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
6/17/86	6/18/86	PUMP	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 HOURS		40 PSI	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	35	122	32

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 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. & PRODUCTION

(Title)

6/19/86

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 27 1986, 19

BY Original Signed By

Les A. Clements

TITLE Supervisor District H

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.

Supersede Form C-104 must be filed for each year in compliance with RULE 1111