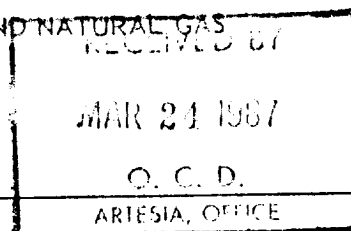


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SANTA FE	<input checked="" type="checkbox"/>
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U.S.G.S.	<input checked="" type="checkbox"/>
LAND OFFICE	<input checked="" type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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"/>

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	4	Brushy Draw Delaware	State, Federal or Fee Federal	LC-071066
Location				
Unit Letter	L	2310 Feet From The	South Line and	330 Feet From The
Line of Section	12	Township	26S	Range
			29E	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, NM 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)	
onoco Incorporated	P.O. Box 20197, Houston, Texas 77252	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	N	12
		26S
		29E
Is gas actually connected?	When	
Yes	1/23/86	

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 Resrv.	Diff. Resrv.
X	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
2-28-87	3-14-87		3480		3445			
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
2972' GR	Delaware		3205		3225			
Perforations					Depth Casing Shoe			
3205-3210								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
8 5/8	24.0		725		450sx, C Circ.to surf.			
5 1/2	15.5		3480		150sx.pacesetter light			
	2 7/8		3225		& 140sx.C Neat in one			

V. 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)

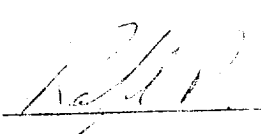
OIL WELL		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tanks	Date of Test	Pumping - 2 1/2" x 2" x 20' insert	
3-14-87	3-18-87	Post ID-2	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	10 psi	10 psi	Open
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	55	177	40

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.


District Engineer
(Title)
3/19/87
(Date)

OIL CONSERVATION COMMISSION
MAR 31 1987
APPROVED _____, 19____
BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector
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. This form must be filed for each well in multiple.