-	SANTA FE		CASERVATION THAT ISION FOR ALLOWALLE	Form C-164 Supervious fild C-164 and I
•	TILE VV		4.40	Literative 1-1-0
!	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			GAS. T
	LAND OFFICE		MAP 14 1983	
	TRANSPORTER GAS		; Mag 14 1203	
	OPERATOR /	·	O. C. D.	
1.	PRORATION OFFICE		ARTESIA, OFFI CS	
	PETROLEUM DEVELOPMENT CORPORATION			
	Address	Albuquangua Naw May	ico 87112	
	Reason(s) for filing (Check proper box)	., Albuquerque, New Mexi	Dibas (Planta explain)	Λ. 4. T
	tiew Well XX	Change in Transporter of:	100 C	. as Auth. Trans. of
	Change in Ownership	Oil Dry Go: Casinghead Gas Conden	<u> </u>	
	If change of ownership give name and address of previous owner			
11.	DESCRIPTION OF WELL AND I	EASE		
	Lease Name	Well No. Foot Name	me, Including Formation	Kind of Lease State, Federal or Fee Fee
	Lauralea Location	2	des. ADO	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	Unit Letter L : 1,98	Feet From The South Lin	e and 660 . Feet From	The West
	Line of Section 35 , Tow	mahip 75 Range 26F	, NMPM,	Chaves Count
	Line B. Section 33 , 104			
11.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Jutharized Transporter of Oil or Condensate XX Address (Give address to which approved copy of this form is to be sent)			
	The Permian Corporation		P.O. Box 1183, Houston, Texas, 77001	
	Name of Authorized Transporter of Cas.		Address (Give address to which appro	
	Transwestern Pipeline	Company Unit Sec. Twp. Rge.	1 4	en
	If well produces oil or liquids, give location of tanks.	L 35 7S 26E	Ho yes!	2-14-83
		h that from any other lease or pool,	give commingling order number:	
V.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Re
	Designate Type of Completio	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Date Spudded 7/13/82	8/3/82	4,738'	4,584'
	Pool Picas Slaps	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Undes. Abo Feriorations	Abo	4,441'	4,499 Depth Casing Shoe
	4,523' - 4,537'			
	HOLE SIZE	TUBING, CASING, AND	DEPTH SET	SACKS CEMENT
	11"	8-5/8" - 23#	883'	450 sxs. Class "C" ci
	7-7/8"	4½" - 10.5# 2-3/8"	4,7381	325 sxs. " TOC 3.651
		1 2-3/0	7,110-7,47/	
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fier recovery of total volume of load oil pith or he for full 24 hours)	and must be equal to or exceed top al
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ifi, etc.)
		Tubba Destar	Casing Pressure	Choke Size
	Length of Test	Tubing Pressure		
	Actual Prod. During Test	Øil-Bbls.	Water - Bbls.	Gas-MCF
				<u> </u>
	GAS WELL		Tava a second	10-11-16
	Actual Prod. Test-MCF/D	Length of Test 4 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
	Back pressure/pt.	680	680	22/64"
VI.	CERTIFICATE OF COMPLIANO	CE		ATION COMMISSION
	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.		BYCriginal variation	
	- — #		TITLE Supervisor District II	
	/- /0		This form is to be filed in	compliance with RULE 1104.
	Field Manager (Title)		If this is a request for allowable for a newly drilled or deepe well, this form must be accompanied by a tabulation of the deviatests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for all able on new and recompleted wells. Fill out Sections I, II, III, and VI only for changes of own	
	November 5, 1982		well name or number, or transpor	rter, or other such change of condit
			Spongate Forms C-104 must be filed for each pool in mult	