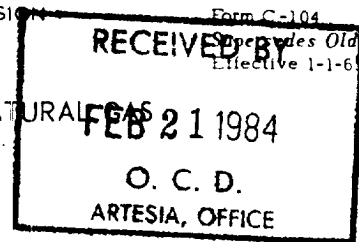


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LAND OFFICE	<input type="checkbox"/>
TRANSPORTER	OIL <input type="checkbox"/> GAS <input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRORATION OFFICE	<input type="checkbox"/>

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



I.

Operator PETROLEUM DEVELOPMENT CORPORATION	
Address 9720-B Candelaria N.E. Albuquerque, New Mexico 87112	
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 checked="" 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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Stevens Pedco	Well No. 1	Pool Name, Including Formation <del>Undes. Abo</del> <i>Pecos River Abo</i>	Kind of Lease State, Federal or Fee
Location Unit Letter <u>I</u> ; <u>1980'</u> Feet From The <u>South</u> Line and <u>660'</u> Feet From The <u>East</u>			
Line of Section <u>28</u> , Township <u>7</u> Range <u>26</u> , NMPM, <u>Chaves</u> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<del>Pecos River Gas Plant, Ltd.</del> <i>Spur Pipeline Co.</i>	103 N. Pennsylvania Ave. Roswell, NM 88201	
If well produces oil or liquids, give location of tanks.	Unit <u>I</u> Sec. <u>28</u> Twp. <u>7S</u> Rge. <u>26E</u>	Is gas actually connected? <u>Yes</u> When <u>2-7-84</u>

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 type="checkbox"/>	Gas Well <input checked="" 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 8/12/82	Date Compl. Ready to Prod. 1/12/83		Total Depth 5332'		P.B.T.D. 5287'			
Pool Undes. Abo	Name of Producing Formation Abo		Top Oil/Gas Pay 4336'		Tubing Depth 4499'			
Perforations 4496' - 4514' and 4336' - 4350' 4 JHPF					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8-5/8" - 23#	1086'	550 sx Class "C" Circ.
7 7/8"	4 1/2" - 10.5#	5332'	400 sx Class TOC 3654'
	2 3/8"	4499'	

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 1,600	Length of Test 4 1/2 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back pressure/pt.	Tubing Pressure 660	Casing Pressure 850	Choke Size 20/64"

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.

*Jim C. Johnson, Jr.*  
(Signature) Jim C. Johnson, Jr.  
Field Manager  
(Title)  
February 14, 1984  
(Date)

OIL CONSERVATION COMMISSION

MAR - 29 1984

APPROVED \_\_\_\_\_, 19

BY Original Signed By  
Leslie A. Clements  
TITLE Supervisor District #

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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.