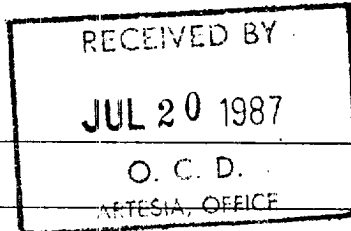
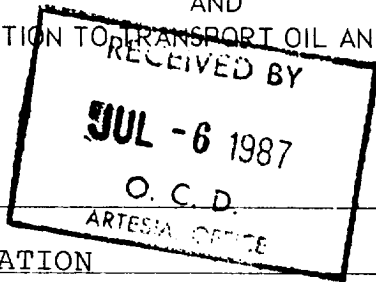


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SANTA FE		✓
FILE		✓
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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	✓
OPERATOR		✓
PRORATION OFFICE		

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



I. Operator
PETROLEUM DEVELOPMENT CORPORATION
Address
9720 B Candelaria N.E. Albuquerque, NM 87112
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☒
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain, _____)

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 **Pecos Slope Abo** Kind of Lease **State, Federal or Fee** **Fee**
Location
Unit Letter **I**; **1980'** Feet From The **South** Line and **660'** Feet From The **East**
Line of Section **28**, Township **7**, Range **26**, NMPM, **Chaves** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent) _____
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent) _____
Comanche Pipeline Company **P.O. Box 2408 Roswell, NM 88201**
If well produces oil or liquids, give location of tanks. Unit **I** Sec. **28** Twp. **7S** Rge. **26E** Is gas actually connected? **yes** When **6/18/87**

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 Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
X **X** **X**
Date Spudded **8/21/82** Date Compl. Ready to Prod. **1/12/83** Total Depth **5332'** P.B.T.D. **5287'**
Pool **Pecos Slope 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'** **550sx Class "C" Circ**
7 7/8" **4 1/2"-10.5#** **5332'** **400sx 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.) **Post FD-3 7-14-87 Chg GT:SPC**
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.
Production Manager
July 1, 1987
(Date)
OIL CONSERVATION COMMISSION
JUL 21 1987
APPROVED _____, 19____
BY **Les A. Clements** Original Signed By
TITLE **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 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 multiply completed wells.