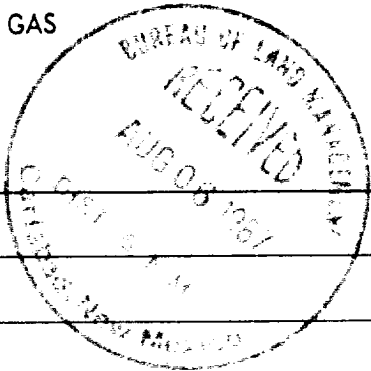


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LAND OFFICE		✓
TRANSPORTER	OIL	✓
	GAS	✓
OPERATOR		✓
PRORATION OFFICE		✓

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

REC AND
AUG 7- 1987
O. C. D.
ARTESIA OFFICE

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



Operator The Petroleum Corporation of Delaware ✓	
Address 3131 Turtle Creek Blvd., Suite 400, Dallas, TX 75219-5415	
Reason(s) for filing (Check proper box)	Other (Please explain)
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 _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name Brushy 12-A Federal	Well No. 1	Pool Name, including Formation Brushy Draw Delaware	Kind of Lease State, Federal or Fee Federal	Lease No. NM 11039
Location Unit Letter <u>E</u> ; <u>630</u> Feet From The <u>West</u> Line and <u>2,021'</u> Feet From The <u>North</u> Line of Section <u>12</u> Township <u>26 S</u> Range <u>29 E</u> , NMPM, <u>Eddy</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 159, Artesia, NM 88210	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco Incorporated	Address (Give address to which approved copy of this form is to be sent) P. O. Box 20197, Houston, TX 77252	
If well produces oil or liquids, give location of tanks.	Unit <u>N</u> Sec. <u>12</u> Twp. <u>26 S</u> Rge. <u>29 E</u>	Is gas actually connected? <u>Yes</u> When <u>7/18/87</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input 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 6/14/87	Date Compl. Ready to Prod. 7/18/87	Total Depth 3,482'	P.B.T.D. 3,368
Elevations (DF, RKB, RT, GR, etc.) 2978.5 GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 3,238'	Tubing Depth 3,288
Perforations 3,238 - 3244 4 spf	Depth Casing Shoe 3,482		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8-5/8	710'	280 sx C
7-5/8"	4-1/2	3,482'	150 Light + 225 sx expand.
	2-3/8	3,288	None

VI. 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 7/29/87	Date of Test 7/30/87	Producing Method (Flow, pump, gas lift, etc.) Pumping - 2" X 1-1/2" X 18' insert	
Length of Test 24 hours	Tubing Pressure 85	Casing Pressure 85	Choke Size Open
Actual Prod. During Test	Oil-Bbls. 30	Water-Bbls. 180	Gas-MCF 15

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.

Ralph P. Waters
(Signature)
Petroleum Engineer
August 3, 1987
(Date)

OIL CONSERVATION COMMISSION
AUG 26 1987
APPROVED _____, IS _____
BY Les A. Clements
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 only Sections I, II, III, and VI 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.