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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-11
Effective 1-1-65

Operator
The Petroleum Corporation

Address
One Marienfeld Place, Suite 555 Midland, Texas 79701

Reason(s) for filing *(Check proper box)*

New Well [X]
Recompletion [ ]
Change in Ownership [ ]
Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]

Other *(Please explain)*
CASINGHEAD GAS MUST NOT BE [illegible] AFTER 2/1/82
UNLESS AN EXCEPTION TO R-[illegible] IS OBTAINED.

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE North Caprock Wolfcamp R-6923 4-1-82

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Landlady	1	Wolfcamp Wildcat	State, Federal or Fee State	L-6528

Location
Unit Letter J ; 1980 Feet From The South Line and 1980 Feet From The East

Line of Section 8 Township 12S Range 32E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address *(Give address to which approved copy of this form is to be sent)*
Koch Oil Company	P.O. Box 1558 Breckenridge, Tx. 76024
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	Address *(Give address to which approved copy of this form is to be sent)*
None	----

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	J	8	12S	32E	no	unknown

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 Res'v.	Diff. Res'v.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
8-8-81	11-19-81	11,220	10,733
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
4394 Gr.	Wolfcamp	8619	8501
Perforations			**Depth Casing Shoe**
8619'-8628'			10,773

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15	11 3/4" O.D. 42#	360	250 sx. Class C (circ)
11	8 5/8" O.D. 24 & 32#	3700	1600 sx. HLW+200 sx C(cir)
7 7/8	4 1/2" O.D. 10.5 & 11.6#	10773	1700 sx. 50/50 Poz & Lite

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

Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
11-24-81	12-27-81	Flowing and Pumping	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hours	100	450	27/64
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
63 BO 0 BW	63	0	

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**
-	-	-	-

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.

Donald R. Cox
(Signature)
District Manager
(Title)
12-28-81
(Date)

OIL CONSERVATION COMMISSION

APPROVED [illegible], 19 ____

BY [illegible]

TITLE [illegible]

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.