REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

Operator
Petroleum Development Corporation

Address
9720 B Candelaria NE, Albuquerque, NM 87112

Reason(s) for filing (Check proper box)

New Well [X]   Change in Transporter of: Other (Please explain)

Recompletion [ ]   Oil [ ]   Dry Gas [ ]

Change in Ownership [ ]   Casinghead Gas [ ]   Condensate [ ]

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

I. DESCRIPTION OF WELL AND LEASE   Mescalero Sands Mississippian Gas R-5729

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Hudson-Federal	1	Wildcat Mississippian	State, Federal or Fee Federal

Location

Unit Letter M ; 660 Feet From The south Line and 330 Feet From The west

Line of Section 27 , Township 12S Range 30E , NMPM, Chaves County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]	Address (Give address to which approved copy of this form is to be sent)
The Permian Corporation	Box 838, Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]	Address (Give address to which approved copy of this form is to be sent)
TUCO	PO Box 1261, Amarillo, Tx. 79170

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	M	27	12S	30E	no	approx. 3/25/78

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

III. 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 re-entered	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9/2/77	9/21/77	10,460	9983

Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Wildcat	Mississippian	9746	9786

Perforations	Depth Casing Shoe
9746-9756; 9769-9782	10,019

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17¼	48#, 13-3/8"	512	500 sx. (already set)
12¼	36#, 9-5/8"	2916	1400 sx. " "
7-7/8	11.6#, 4½"	10,019	475 sx. "H", 5% KCL
	2-3/8" tubing	9786	

IV. 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.)	
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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
9/21/77 - 2454	4¼ hrs.	23.61/434.54	57.6
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
back pressure-4Pt.	1465-2202	Pkr.	11/64-22/64

V. 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.

Lloyd G. Wayne

Vice President   (Signature)

3/14/78   (Title)

_____ (Date)

OIL CONSERVATION COMMISSION

APPROVED _____ MAR 31 1978 _____, 19____

BY _____

TITLE _____ SUPERVISOR DISTRICT I

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.