

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Petroleum Development Corporation	Well API No.
Address 9720-B Candelaria NE, Albuquerque, NM 87112	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion <input checked="" type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> REQUEST 160 BOPD allowable as per OCC Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Order No. R-9876	
Change of operator give name and address of previous operator	

I. DESCRIPTION OF WELL AND LEASE

Lease Name Strange Federal	Well No. 5	Pool Name, including Formation Tomahawk San Andres	Kind of Lease State, Federal or Fee	Lease No. NM 15677A
Location Unit Letter N/m : 660/182.4 Feet From The South Line and 1980/1210.01 Feet From The West Line Section 25 Township 7S Range 31E , NMPM, Chaves 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"/> Seurlock Permian Phillips Pet. Co. Trucks	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4648, Houston, Tx 77251					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Trident NGL, Inc.	Address (Give address to which approved copy of this form is to be sent) 10200 Grogans Mill Rd., The Woodlands, Tx 77380					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 25	Twp. 7	Rge. 31	Is gas actually connected? Yes	When?

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 checked="" type="checkbox"/>	Gas Well	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Res'v <input checked="" type="checkbox"/>	Diff Res'v
Date Spudded 6/22/93	Date Compl. Ready to Prod. 7/10/93		Total Depth 5007 MD			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) 4411 KB	Name of Producing Formation San Andres		Top Oil/Gas Pay 4044'			Tubing Depth 3971'		
Perforations Open hole (horizontal) 3982-5007 MD						Depth Casing Shoe 4295'		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11	8-5/8	1600	850 SX.
7-7/8	5-1/2	4295	1750 SX.

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 Tank 7/10/93	Date of Test 7/10/93	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 168	Water - Bbls. 42	Gas - MCF 150

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature **J.C. Johnson** President
Printed Name **J.C. Johnson** Title
Date **7/12/93** Telephone No. **(505)293-4044**

OIL CONSERVATION DIVISION

JUL 23 1993

Date Approved _____
By _____ Orig. Signed by **Paul Kautz**
Geologist
Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

JUL 19 1993

LIBRARY
UNIVERSITY OF CALIFORNIA