

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. 30-005-20813
Address 9720-B Candelaria NE, Albuquerque, NM 87112		
Reason(s) for Filing (Check proper box)		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	<input type="checkbox"/> Other (Please explain) Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)
Recompletion <input checked="" type="checkbox"/>		
Change in Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Wattam Federal	Well No. 4	Pool Name, including Formation Cato-San Andres	Kind of Lease State , Federal or State	Lease No. NM 15016
Location Unit Letter <u>H</u> : <u>2060</u> Feet From The <u>north</u> Line and <u>598</u> Feet From The <u>east</u> Line Section <u>6</u> Township <u>8S</u> Range <u>31E</u> , NMPM, <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Scurlock Permian Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4648, Houston, Texas 77251					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 6	Twp. 8S	Rge. 31E	Is gas actually connected? No	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 <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" 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 3/28/93	Date Compl. Ready to Prod. 6/5/93		Total Depth 5/18/93 4290'		P.B.T.D. 4290'			
Elevations (DF, RKB, RT, GR, etc.) 4220 GR	Name of Producing Formation Cato-San Andres		Top Oil/Gas Pay 3722'		Tubing Depth 3650'			
Performances Open hole completion. 3665' to 4290' horizontal lateral (3722'-3764')			Depth Casing Shoe 3900'					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	1289	850 SX.
7-7/8"	5-1/2"	3900	1650 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 6-4-93	Date of Test 6-5-93	Producing Method (Flow, pump, gas lift, etc.) Swab and flow	
Length of Test 12 hrs.	Tubing Pressure 0	Casing Pressure 190	Choke Size
Actual Prod. During Test 82 BO	Oil - Bbls. 82	Water - Bbls. 96	Gas - MCF TSTM

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	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 6/7/93 Telephone No. 293-4044

OIL CONSERVATION DIVISION

Date Approved JUN 22 1993

By ORIGINAL SIGNATURE OF JERRY SEXTON
DISTRICT I SUPERVISOR

Title

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

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

JUN 14 1993
OCD HOBBS OFFICE