

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Confidential

Operator Petroleum Development Corporation		Well API No. 20005281500S1
Address 9720-B Candelaria NE, Albuquerque, NM 87112		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <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. 7	Pool Name, including Formation Cato-San Andres	Kind of Lease State, Federal or Fee	Lease No. NM 15016
Location <u>S/BH</u> Unit Letter <u>D/D</u> : <u>660/164</u> Feet From The <u>north</u> Line and <u>660/1203</u> Feet From The <u>west</u> Line				
Section 6	Township 8S	Range 31E	NMPM, Chaves 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	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 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 type="checkbox"/>	Deepen <input checked="" type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 3/21/93	Date Compl. Ready to Prod. 6/30/93		Total Depth 4521' horizontal		P.B.T.D. 4521'			
Elevations (DF, RKB, RT, GR, etc.) 4214 GR	Name of Producing Formation Cato-San Andres		Top Oil/Gas Pay 3640'		Tubing Depth 3580'			
Perforations Open hole 3586' to 4521' (TVD 3673')					Depth Casing Shoes 3900'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 8-5/8"		DEPTH SET 1209'		SACKS CEMENT 850 sx.			
7-5/8"	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 6/18/82	Date of Test 6/30/93	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure --	Casing Pressure 20	Choke Size --
Actual Prod. During Test 87 BO	Oil - Bbls. 87	Water - Bbls. 42	Gas - MCF 68

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.

J.C. Johnson
Signature
J.C. Johnson President
Printed Name
6/30/93 Date
293-4044 Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 07 1993

By ORIGINAL SIGNED BY 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.

RECEIVED

1992

W. H. B. B.
OFFICE