

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-110
Effective 1-1-65

DISTRIBUTION			
SANTA FE			
FINCH			
W.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

Operator
PETROLEUM DEVELOPMENT CORPORATION
Address
9720 B Candelaria N. E., Albuquerque, New Mexico 87112
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name **McKay-West Federal** Well No. **1** Pool Name, Including Formation **N. Lusk Morrow Gas R-5215**
Kind of Lease **Federal** Lease No. **NM18302**
Location
Unit Letter **F** 1980 Feet From The **north** Line and 1980 Feet From The **west**
Line of Section **34** Township **18 south** Range **32 east**, NMPM, **Lea** County

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒
THE PERMIAN CORPORATION Address (Give address to which approved copy of this form is to be sent)
Box 838, Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒
EL PASO NATURAL GAS COMPANY Address (Give address to which approved copy of this form is to be sent)
POBox 1492, El Paso, Texas 79978
If well produces oil or liquids, give location of tanks. Unit **F** Sec. **34** Twp. **18S** Rge. **32E** Is gas actually connected? **no** When
Estimated date: 4/20/76

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
Date Spudded **1/31/75** Date Compl. Ready to Prod. **7/11/75** Total Depth **13,090** P.B.T.D. **13,009**
Elevations (DF, RKB, RT, GR, etc.) **3705 KB** Name of Producing Formation **Morrow** Top Oil/Gas Pay **12,719** Tubing Depth **12,640**
Perforations **12,719-26; 12,758-66; 12,794-802; 12,804-07; 12,814-24.** Depth Casing Shoe **13,049**
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
17 1/2 **13-3/8** **452** **400 SX.**
12 1/2 **9-5/8** **4600** **600 SX.**
8-3/4 **7** **13,049** **1200 SX.**
2-3/8 **12,640**

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 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

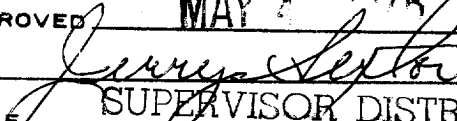
Actual Prod. Test-MCF/D **2120** Length of Test **4 hrs.** Bbls. Condensate/MMCF **26** Gravity of Condensate **47.5°**
Testing Method (pitot, back pr.) **back pressure** Tubing Pressure (shut-in) **2157** Casing Pressure (shut-in) **PKR** Choke Size **15/64" ck.**

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.


(Signature)
PRESIDENT
(Title)
4/7/76
(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAY 4 1976**, 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 only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.