DISTRIBUTION		ı	1
SA ITA FE			
FI).E			
1.5. G.S.			
L/ ND OFFICE			
TRANSPORTER	OIL	1	
	GAS		
OPERATOR			
PROBATION OFFICE		 	

C-110

SA ITA FE	REQU	ST FOR ALLOWABLE Supersedes Old C-104	
2.5. G.S.		AND Effective labas	
L/ ND OFFICE	AUTHORIZATION TO	TRANSPORT OIL AND NATURA	AL GAS
TRANSPORTER OIL			
GAS	- - 	<i></i>	
OPERATOR			
PRORATION OFFICE			
PETROLEUM DEVE	LOPMENT CORPORATION		
Address 9720 B Candelaria	, N. E., Albuquerque, New	w Mexico 87112	
Reason(s) for filing (Check prope	er box)		
New Well	Change in Transporter of:	Other (Please explain)	Request for test allowabl
Recompletion	O11		MOVE CONGENSARE ACCUMUL
Change in Ownership	Control on	testing. Shell	leanup, completion and Oil is Purchaser; Permia
If change of ownership give na and address of previous owner	me	is Transporter	
DESCRIPTION OF WELL A	ND LEASE		
McKay-Shell Federa	well No. Pool Name, Includir #1 Lusk Morro		i Legse No
Location	LUSK MOFFO	State, Fed	ergl or Fee Federal 1067982B
Unit Letter L	2310		190:3020
,	2310 Feet From The south	Line and 990 Feet Fro	m The West
Line of Section 3	Township 19 south Range	32 east NMPM	•
DESCRIPTION		7 2100 149	Lea County
Name of Authorized Transporter of	ORTER OF OIL AND NATURAL	GAS	
The Permian Corpor		Address (Give address to which app	proved copy of this form is to be sent)
Name of Authorized Transporter of		_ BOX 838, Hobbs, N.M.	. 88240
•	Casinghead Gas or Dry Gas	Address (Give address to which app	roved copy of this form is to be sent)
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	
give location of tanks.	L 3 19S 32		Vhen
f this production is commingled	with that from any other lease or poo		
COMPLETION DATA		order number:	
Designate Type of Comple	etion - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v
Date Spudded	Date Compl. Ready to Prod.		
		Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.	.j Name of Producing Formation	Fop Oil/Gas Pay	
		rop on ous pay	Tubing Depth
Perforations			Depth Costs - Sh
			Depth Casing Shoe
101 =	TUBING, CASING, AI	ND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
EST DATA AND REQUEST	FOR ALLOWABLE (Test must be	ofter consum of and	
IL WELL Date First New Oil Run To Tanks	able for this a		and must be equal to or exceed top allow-
otto i met New On Hun 10 Idnks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
ength of Test	Tubing Pressure		
	ranid bissels	Casing Pressure Choke Size	
ctual Prod. During Test	Oil-Bbis.	Water-Hbis.	
			Gas-MCF
AS WELL			
ctual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
esting Method (pitot, back pr.)	The base of the same of the sa		
	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
ERTIFICATE OF COMPLIAN	· ·		
	ICE	OIL CONSERVA	TION COMMISSION
ereby certify that the rules and	regulations of the Oil Conservation	APPROVED	

Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature) Charles W. Sanders

Vice President, Engineering (Title)

3/26/76

III.

(Date)

AISOR DISTRICT

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.