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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

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

Operator PETROLEUM DEVELOPMENT CORPORATION	
Address 9720 B Candelaria NE, Albuquerque, New Mexico 87112	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

**CASINGHEAD GAS MUST NOT BE
FLARED AFTER 8-1-78
UNLESS AN EXCEPTION TO RULE
IS OBTAINED.**

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE		East Link wellcamp R-5876	
Lease Name Sun McKay Federal	Well No. 1	Pool Name, Including Formation Undesignated Wolfcamp	Kind of Lease Federal
Location		State, Federal or Fee NM 12413A	
Unit Letter F	1730	Feet From The west	Line and 1850
Line of Section 10		Township 19S	Range 32E
		NMPM,	Lea
		County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	The Permian Corporation	Box 838, Hobbs, NM 88240	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	El Paso Natural Gas Company	PO Box 1492, El Paso, Tx. 79978	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 10	Twp. 19S
		Rge. 32E	Is gas actually connected? yes
			When 2/8/78

If this production is commingling with that from any other lease or pool, give commingling order number:

COMPLETION DATA		Oil Well		Gas Well		New Well		Workover		Deepen		Plug Back		Same Res'v.		Diff. Res'v.	
Designate Type of Completion - (X)		X				X		X								X	
Date xxxx of Workover: 5/30/78		Date Compl. Ready to Prod. 6/1/78		Total Depth 13000		P.B.T.D. 12955											
Pool Undesignated Wolfcamp		Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 10702		Tubing Depth 10680											
Perforations 10702-10743, 2 JSPF				Depth Casing Shoe 13000													
TUBING, CASING, AND CEMENTING RECORD																	
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT											
17 1/2"		48# 13-3/8"		435		400 sx. "H", 2% gel											
11		24#-32# - 8-5/8"		4200		550 sx. Lt. Wt. 650 'C' 4% gel 2%											
7-7/8"		11.6# - 4 1/2"		13000		300 "H", 500 sx. HLC											
		2-3/8" tubing		10680													

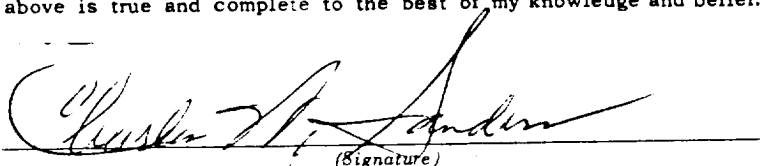
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 6/1/78	Date of Test 6/1-6/2/78	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 900	Casing Pressure packer	Choke Size 16/64
Actual Prod. During Test --	Oil - Bbls. 401	Water - Bbls. 0	Gas - MCF 373

GAS WELL		Bbls. Condensate/MMCF		Gravity of Condensate	
Actual Prod. Test - MCF/D	Length of Test				
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure		Choke Size	

VI. 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.

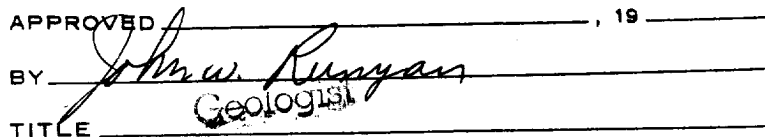
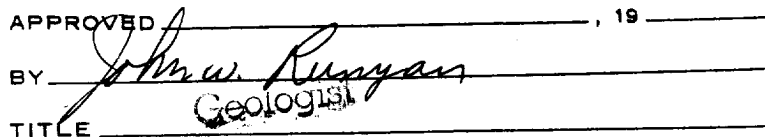

Vice President

(Title)

6/5/78

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY 
TITLE 

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

Separate Forms C-104 must be filed for each pool in multiply completed wells.