

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. 30-025-25802
Address 9720 B Candelaria N.E. Albuquerque, NM 87112		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion <input checked="" type="checkbox"/> Oil <input 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 Sun McKay Federal	Well No. 2	Pool Name, Including Formation Upper Bone Springs	Kind of Lease State, Federal or Fee	Lease No. NM 12413 A
Location Unit Letter G : 1980 Feet From The East Line and 1980 Feet From The North Line Section 10 Township 19S Range 32E Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil Scurlock Permian	<input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P O Box 4648, Houston, TX 77210		
Name of Authorized Transporter of Casinghead Gas GPM (Phillips) Gas Corp	<input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P O Box 5050 Bartlesville OK 74005		
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 10	Twp. 19S	Rge. 32E
		Is gas actually connected? Yes		When? 11-12-92

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 type="checkbox"/> Gas Well <input checked="" 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 12-22-78	Date Compl. Ready to Prod. 11-13-92
Elevations (DF, RKB, RT, GR, etc.) 3661 GR	Name of Producing Formation Morrow Lusk
Perforations 12778-13052	Total Depth 13103
	Top Oil/Gas Pay 12778
TUBING, CASING AND CEMENTING RECORD	
HOLE SIZE 17 1/2" 11" 7 7/8"	CASING & TUBING SIZE 13 3/8" 8 5/8" 5 1/2" 2 3/8"
	DEPTH SET 438' 4300' 13103' 12720'
	SACKS CEMENT

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	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 375	Length of Test 6hrs	Bbls. Condensate/MMCF show	Gravity of Condensate 56 @60°
Testing Method (pilot, back pr.) Back pr.	Tubing Pressure (Shut-in) 1625 PSIA	Casing Pressure (Shut-in) Pkr.	Choke Size 14/64

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  
Patti Gleicher  
Printed Name  
11-10-92  
Date  
(505) 293-4044  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 23 '92

By Orig. Signed by  
Paul Kanta  
Geologist

Title

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

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

RECEIVED

NOV 23 1992

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