

REVISED REVISED

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-11
Effective 1-1-65

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

I. Operator
PETROLEUM DEVELOPMENT CORPORATION

Address
9720 B Candelaria NE, Albuquerque, New Mexico 87112

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
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"/>

If change of ownership give name and address of previous owner

**THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.**

R-6005

II. DESCRIPTION OF WELL AND LEASE

Lease Name 1 Sun-McKay Federal	Well No. 2	Pool Name, Including Formation East Lusk Bone Springs	Kind of Lease Federal
Location Unit Letter G ; 1980 Feet From The east Line and 1980 Feet From The north Line of Section 10 , Township 19S Range 32E , NMPM, Lea County			State, Federal or Fee NM12413A

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> 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 <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 10	Twp. 19S	Rge. 32E	Is gas actually connected? yes	When 6/27/78

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	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	XX					XX		XX
Date Spudded 2/22/78	Date Compl. Ready to Prod. 3/1/79	Total Depth 13103	P.B.T.D. 10231					
Pool East Lusk Bone Springs	Name of Producing Formation Bone Springs	Top Oil/Gas Pay 9903	Tubing Depth 9855					
Perforations 9903-9912 1JHPF; 9949, 9950, 9959, 9961, 9966, 9967, 10031, 10032, 10050, 10051.			Depth Casing Shoe 13103					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13-3/8"	438	300"H".2% gel;150sx.2% CaCl2					
11"	8-5/8"	4300	150"H".910 sx."C"4%gel					
7-7/8"	5-1/2"	13103	580 sx."H"					
	2-3/8"	10534						

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 2/28/79	Date of Test 3/1/79	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 300	Casing Pressure packer	Choke Size 15/64
Actual Prod. During Test	Oil-Bbls. 452	Water-Bbls. none	Gas-MCF 443

GAS WELL

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

I. 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.

Charles W. Sanders / cp
Charles W. Sanders, (Signature)
Vice President (Title)
3/8/79 (Date)

OIL CONSERVATION COMMISSION

APPROVED *MAR 9 1979*, 19
BY *[Signature]*
TITLE **SUPERVISOR DISTRICT 1**

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.