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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-1
Effective 1-1-65

I. Operator
Petroleum Development Corporation

Address
9720 B Candelaria, N. E., Albuquerque, New Mexico 87112

Reason(s) for filing (Check proper box)

New Well ☒

Recompletion: ☐

Change in Ownership: ☐

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

**CASINGHEAD GAS MUST NOT BE
PLARED AFTER 8-1-78
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.**

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sun-McKay Federal	Well No. 2	Pool Name, including Formation Undesignated Wolfcamp	Kind of Lease Federal
Location Unit Letter <u>G</u> ; <u>1980</u> Feet From The <u>east</u> Line and <u>1980</u> Feet From The <u>north</u>	Line of Section <u>10</u> Township <u>19S</u> Range <u>32E</u> , NMPM, <u>Lea</u> County	State, Federal or Fee <u>NM12413</u>	

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, NM 88240
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	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 <u>G</u> Sec. <u>10</u> Twp. <u>19S</u> Rge. <u>32E</u>
Is gas actually connected?	When <u>w/o gas line-EPNG</u>

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 <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 2/22/78	Date Compl. Ready to Prod. 6/1/78	Total Depth 13103	P.B.T.D. 13075					
Pool Wildcat	Name of Producing Formation Wildcat Wolfcamp	Top Oil/Gas Pay 10514	Tubing Depth 10534					
Perforations 10514-10557-2JSPF; 10760-818-2JSPF-Wolfcamp	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 Sx. "H" 2% gel; 150sx. 2% CaCl ₂					
11"	8-5/8:	4300	150 sx. HL: 910sx. "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 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 1300	Casing Pressure packer	Choke Size 8/64
Actual Prod. During Test	Oil - Bbls. 441	Water - Bbls. 0	Gas - MCF 644

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

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.


(Signature)

Vice President

(Title)

6/6/78

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 13 1978, 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.