NC. OF COPIES RECEIVES

(Date)

	DISTRIBUTION SANTA FE		CONSERVATION COMMISSION	Form C-104
	FILE	REQUES	T FOR ALLOWABLE AND	Supersedes Old C-104 and C-1. Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TE	RANSPORT OIL AND NATURAL	C 4 C
	LAND OFFICE		CANOLORY OIL AND NATURAL	GAS
	IRANSPORTER OIL			·
	OPERATOR GAS			
I				
	Operator			
	PETROLEUM DEVELOPMENT CORPORATION			
	9720 B Candelaria, NE, Albuquerque, New Mexico 87112			
	Reason(s) for filing (Check proper box) New Well Change in Transporter of:			
	Recompletion		200	
	Change in Ownership		ensate	
	If change of ownership give name and address of previous owner			
			2	
II.	DESCRIPTION OF WELL AN	D LEASE	R-6211	
				Kind of Lease
	PEDCO GULF FEDERAL CO	. i ∠ snae	s. North Lusk Morrow	State, Federal or Fee Federal
	Unit Letter H .	560 Feet From The FEL Li	1000	T NII
	,,	reet from the ILL Li	ine and Feet From	The FNL
	Line of Section 33	Cownship 18 Range	32 , _{nmpm} ,	Lea County
				County
III.	Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved convertible form in the land of the convertible form in th			
	- I	·-	Address (Give address to which appro	
	Western Crude Oil, Inc. Name of Authorized Transporter of Casinghead Gas cr Dry Gas		PO Box 5568, Denver, Colorado 80217	
	En a supposed copy of this form is to be semi			
	If well produces oil or liquids,	Unit Sec. Twp. Fige.	PO Box 1492, El Paso Is gas actually connected?	, IX /99/8
	give location of tanks.	H 33 18S 32E	NO	
	If this production is commingled	with that from any other lease or pool,	give commingling order number	
IV.	COMPLETION DATA			
	Designate Type of Complet	ion = (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	
	6-22-79	9-19-79	13032	P.B.T.D.
	Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Undes. N. Lusk Morro	Worrow	12896	12902
	Perforations			Depth Casing Shoe
	12896-12902' used 24 jet shots (4 per foot) Mor			
	1101 5 013 5		D CEMENTING RECORD	
	17-1/2	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	11	13-3/8" 54.5# 8-5/8" 24#	415	450 sx. H 2% gel,2% CaCl
	7-7/8	4-1/2" 11.6#	4180 13023	875 sx Lite,250 sx C
		7 17 2 11.07	13023	310 sx. H 65-35, 400 sx
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this death of the first must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this death of the first must be after recovery of total volume of load oil and must be equal to or exceed top allowable.			
	OIL WELL able for this depth or be for full 24 hours)			
	Date I list New Oil Run 10 Idnks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)
	Length of Test	Tubing Pressure	Casing Pressure:	Choke Size
				Choke Size
Ī	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Ggs-MCF
Į				1.
Г	Actual Prod. Test-MCF/D Length of Test Roll Control Of			
		Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	2183 Testing Method (pitot, back pr.)	4 hours Tubing Pressure	9	56
		1976-3228 psi	Casing Pressure	Choke Size
VI.	Back press 4 pt. CERTIFICATE OF COMPLIAN		zero - packer	3/16-15/64
	o and the or comment	ice.	NOV 1	TION COMMISSION
;	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.		APPROVED NOV 15 19	
	is true and complete to the best of my knowledge and belief.		BY Yelling Signal	
	†		TITLE SUPERVISOR DISTRICT	
			This form is to be filed in compliance with	
	Lloyd & Wayne		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened	
	Lloyd G. Nayne, (Signature) Vice President		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 allow-	
able on new and recompl			able on new and recompleted we	lls.
	10-17-79		Fill out Sections I, II, III.	and VI only for changes of owner.

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.

OCT 2 6 1979

O.C.D. HOBBS, OFFICE