

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Woodbine Petroleum, Inc.

Address
1445 Ross Avenue, Suite 5600 Dallas, Texas 75202

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Amoco Federal	Well No. 2	Pool Name, including Formation West Lusk - Delaware	Kind of Lease State, Federal or Fee Federal	Lease No. LC065710
Location				
Unit Letter C : 990' Feet From The FNL Line and 1650' Feet From The FWL				
Line of Section 21 Township 19S Range 32E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

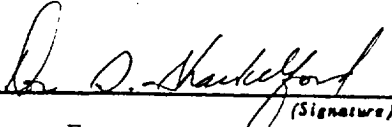
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipeline Company	P.O. Box 2528 Hobbs, NM 88240-2528
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips 66 Natural Gas	Box 5050 Bartlesville, OK 74005
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit D Sec. 21 Twp. 19S Rge. 32E	Yes

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.


(Signature)
Executive Vice President
(Title)
July 24, 1989
(Date)

OIL CONSERVATION DIVISION

APPROVED  19
BY 
TITLE Geologist

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 only Sections I, II, III, and VI 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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 3/9/89	Date Compl. Ready to Prod. 6/12/89		Total Depth 6650'			P.B.T.D. 6620'			
Elevations (DF, RKB, RT, GR, etc.) 3596 GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 6489			Tubing Depth 6535.40			
Perforations 6489 - 6496						Depth Casing Shoe 6650'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
17 1/2"	13 3/8" 48 & 54#		459'			475 sks.			
12 1/2" & 11"	8 5/8" 24# & 32#		4250'			100 sks.			
7 7/8"	5 1/2" 15.50#		6650'			1675 sks.			

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 depth or be for full 24 hours)

Date First New Oil Run To Tanks 6/12/89		Date of Test 7/5/89	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure N/A	Casing Pressure -0-	Choke Size	
Actual Prod. During Test 92	Oil - Bbls. 92	Water - Bbls. 31	Gas - MCF 62	

GAS WELL

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

RECEIVED

JUL 26 1989

OCD
HOBBS OFFICE