

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 Woodbine Petroleum, Inc.		Well API No. 30-025-30791
Address 1445 Ross Avenue Lockbox 234 Dallas, TX 75202		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Change in Transporter of: Recompletion <input 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"/> Other (Please explain) Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mob./ Federal	Well No. 4	Pool Name, including Formation West Lusk Delaware	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> or Fee	Lease No. NM-0175774
Location Unit Letter K : 1650 Feet From The WEST Line and 2310 Feet From The South Line Section 21 Township 19S Range 32E , NMPM, 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"/> JM Peradeum	Address (Give address to which approved copy of this form is to be sent) 2323 Bryan Lockbox 185 Dallas, TX 75201					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> Phillips 66 Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) GPM Gas Corporation Bartlesville, OK 74004					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 21	Twp. 19S	Rge. 32E	Is gas actually connected? NO	When ?

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
Date Spudded 3/13/90	Date Compl. Ready to Prod. 5/5/90	Total Depth 7230'	P.B.T.D. 7175'					
Elevations (DF, RKB, RT, GR, etc.) 3585 GR	Name of Producing Formation DELAWARE	Top Oil/Cas Pay 6735'	Tubing Depth 6720'					
Perforations 6735' - 6744'			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 17 1/2"	CASING & TUBING SIZE 13 3/8"	DEPTH SET 477	SACKS CEMENT 475					
77 1/8"	5 1/2"	7193	2620					

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 5/22/90	Date of Test 5/25/90	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure -	Casing Pressure 0	Choke Size -
Actual Prod. During Test 24 hrs.	Oil - Bbls. 148	Water - Bbls. 10	Gas - MCF 110
GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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
Don G. Shuckelford
Printed Name
Don G. Shuckelford
Title
Executive VP
Date
May 29, 1990
Telephone No.
314-855-6263

OIL CONSERVATION DIVISION

Date Approved **JUN 01 1990**
By **Drig. D. Paul K...**
Title **Geologist**

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, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

MAY 31 1990

CCD
HOBBS OFFICE