

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

OIL CONSERVATION DIVISION
P. O. BOX 2086
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
The Petroleum Corporation of Delaware

Address
3811 Turtle Creek Blvd. Dallas, Texas 75219-4419

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)

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Tenneco Federal	Well No. 3	Pool Name, including Formation Dublin-Devonian	Kind of Lease State, Federal or Fee Federal	Lease No.
Location Unit Letter J ; 1980 Feet From The South Line and 1980 Feet From The East Line of Section 12 Township 26 S Range 37 E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☒ Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1558, Breckenridge, Texas 76024
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☒ El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, Texas 79978
If well produces oil or liquids, give location of tanks. Unit J Sec. 12 Twp. 26S Rge. 37E	Is gas actually connected? no When August 6, 1985

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

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)
Petroleum Engineer
(Title)
August 6, 1985
(Date)

OIL CONSERVATION DIVISION
APPROVED **AUG 26 1985**, 19_____
BY **ORIGINAL SIGNATURE OF JERRY SEXTON**
DISTRICT SUPERVISOR
TITLE _____

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 all wells 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 conditions.

Separate Forms C-104 must be filed for each pool in multiple completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Res'tv.	Dill. Res'tv.
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Date Spudded	4-30-85	Date Compl. Ready to Prod.	6-25-85	Total Depth	9300'	P.B.T.D.	9282'
Elevations (D.F., KKB, RT, CR, etc.)	3004.4' GR	Name of Producing Formation	Devonian	Top Oil/Gas Pay	9126'	Tubing Depth	9062'
Perforations	9126, 28, 37, 38, 44, 72, 73, 9200, 15, 16, 21, 23, 27, 28, 34, 35, 37, 38, 45, 46'						
	TUBING, CASING, AND CEMENTING RECORD						

HOLE SIZE	17 1/2"	CASING & TUBING SIZE	42# / ft K-55 11 3/4"	DEPTH SET	SACKS CEMENT	236 SX LITE & 200 SX CLASS C
	11"		24 & 32# / ft J-55 8 5/8"			825 SX LITE & 50 SX CLASS C
	7 7/8"		11.6# / ft K-55 & N-80 4 1/2"	9300'	1725 SX CLASS H	

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	Length of Test	Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	856	Length of Test	72 hrs	Dble. Condensate/MMCF	None	Gravity of Condensate	N/A
Testing Method (Pilot, back pr.)		Tubing Pressure (Subst-In)	2110-1500	Coaling Pressure (Subst-In)	PKr	Choke Size	9/64
Office							