

OIL CONSERVATION DIVISION  
P.O. BOX 1183  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED  
AUG 28 1985  
OIL CON. DIV  
DIST. 3

I. PERMITTING OFFICE

LE. QUINTA OIL COMPANY

P.O. Box 356, FLORA VISTA, NEW MEXICO, 87415

Reason(s) for filing (Check proper box)

New Well

☐

Change in Transporter of:

Recompletion

☐

Oil

☐

Dry Gas

☐

Change in Ownership

☒

Casinghead Gas

☐

Condensate

☐

If change of ownership give name  
and address of previous owner

DAMSON OIL CORPORATION, Box 4391, Houston, TX. 77210

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>PARLAY</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>UNDESIG. MESA VERDE</b>	Kind of Lease State, Federal or Fee <b>INDIAN</b>	Lease No. <b>APACH 420</b>
Location Unit Letter <b>H</b> : <b>1850</b> Feet From The <b>NORTH</b> Line and <b>890</b> Feet From The <b>EAST</b> Line of Section <b>29</b> Township <b>22N</b> Range <b>3W</b> , NMPM, <b>SANDOVAL</b> 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"/> <b>THE PERMIAN CORPORATION</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1183, Houston, TEXAS.</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit <b>H</b>	Sec. <b>29</b>	Twp. <b>22N</b>	Rge. <b>3W</b>	Is gas actually connected? <b>No</b>	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <b>20 Aug. 71</b>	Date Compl. Ready to Prod. <b>4 OCT. 71</b>	Total Depth <b>7129</b>		P.B.T.D. <b>4350</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>7069 GL, 7081 KB (RE)</b>	Name of Producing Formation <b>NE JEFEE SAND</b>	Top Oil/Gas Pay <b>4328</b>		Tubing Depth <b>4220</b>					
Perforations <b>4240-4270 2 SP: total 60 SHOTS.</b>		TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE <b>12 1/2"</b> <b>7 7/8"</b>		CASING & TUBING SIZE <b>8 5/8"</b> <b>4 1/2"</b>		DEPTH SET <b>269</b> <b>4402</b>		SACKS CEMENT <b>200</b> <b>200</b>			

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 <b>8 OCT. 71</b>	Date of Test <b>11 OCT. 71</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flowing</b>	
Length of Test <b>9 hrs.</b>	Tubing Pressure <b>1760 #</b>	Casing Pressure <b>770 #</b>	Choke Size <b>16/64"</b>
Actual Prod. During Test <b>126</b>	Oil-Bbls. <b>126</b>	Water-Bbls. <b>0</b>	Gas-MCF <b>137.592</b>

GAS WELL

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

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

Nash Reynolds  
(Signature)  
Operator  
(Title)

8-28-85

OIL CONSERVATION DIVISION

APPROVED

BY

SUPERVISOR DISTRICT 3

This is to be filed in compliance with RULE 1104.  
request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviated well in accordance with RULE 111.  
This form must be filled out completely for every well.