

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

RECEIVED
MAR 28 1985
OIL CON. DIV
DIST. 3

I.

Operator
PARKO, INC.

Address
903 W. APACHE, FARMINGTON, NM 87401

Reason(s) for filing (Check proper box)

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

Other (Please explain)
Re-entry old well, plugged in 1974

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Quinella</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Lybrook-Gallup</u>	Kind of Lease State, Federal or Fee <u>Fed</u>	Lease No. <u>USA-NM 58871</u>
Location Unit Letter <u>D</u> ; <u>990</u> Feet From The <u>N</u> Line and <u>990</u> Feet From The <u>W</u> Line of Section <u>D-31</u> Township <u>T-23-N</u> Range <u>R6W</u> , NMPM, <u>Sandoval</u> 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"/> <u>Giant Refining Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 9156, Phoenix, AZ 85068</u>
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 Sec. Twp. Rge. Is gas actually connected? When
<u>D 31 23N 6W</u>	<u>NO</u>

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.

Frank Parker
(Signature)
President
(Title)
3-22-85
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 28 1985, 19
BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 3

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		X		X					
Date Spudded 11-13-84 9-17-71	Date Compl. Ready to Prod. 2-27-85	Total Depth 5815' 66-98		P.B.T.D. 5501'					
Elevations (DF, RKB, RT, GR, etc.) 7293'	Name of Producing Formation Lybrook-Gallup	Top Oil/Gas Pay 5300'		Tubing Depth 5426'					
Perforations 5300' to 5495' for total of 19 holes						Depth Casing Shoe 5501'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12"	8 5/8 casing		256		170 sks				
6 3/4"	4 1/2" casing		5815		200 sks				
6 3/4"	4 1/2" casing		1529		50 sks				
	2 3/8" tubing		5426						

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 2/27/85	Date of Test 3/7/85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 18 hr.	Tubing Pressure TSTM	Casing Pressure 200	Choke Size N/A
Actual Prod. During Test 4	Oil - Bbls. 4 BBL.	Water - Bbls. 1/2 bbl	Gas - MCF TSTM

GAS WELL

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