

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.A.	
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 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator PARKO, INC.	
Address 903 W. APACHE, FARMINGTON, NM 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
Re-entry old well, plugged 1974	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Quinella	Well No. I	Pool Name, including Formation Lybrook-Gallup	Kind of Lease State, Federal or Fee Fed	Lease No. USA-NM 58871
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"/> Giant Refinery Co.	Address (Give address to which approved copy of this form is to be sent) Box 9156, Phoenix, AZ 85068
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Southern Union Gathering Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1899, Bloomfield, NM 87413
If well produces oil or liquids, give location of tanks.	Unit : <u>D</u> Sec. : <u>31</u> Twp. : <u>23N</u> Rgs. : <u>6W</u>
Is gas actually connected?	When : <u>02/12/86</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.

Nazal Parker
(Signature)

President

2/12/86
(Date)

OIL CONSERVATION DIVISION

APPROVED *Frank J. Dwyer* FEB 12 1986
BY _____
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.

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FEB 12 1986
OIL CON. DIV
DIST. 3

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res't'r.	Diff. Res
Date Spudded 11-13-84	Date Compl. Ready to Prod. 2-27-85	Total Depth 5815'		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			

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 118,000	Length of Test 24 hr	Bbls. Condensate/MCF 4 BBL	Gravity of Condensate 45.2
Testing Method (pilot, back pr.) Open Flow	Tubing Pressure (Shut-in) 11,000 lbs	Casing Pressure (Shut-in) 11,000 lbs	Choke Size 3/4"