

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P.O. BOX 2085
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.

Operator
LAQUINTA OIL COMPANY
Address
P.O. Box 356, FLOREAVISTA, NEW MEX. 87415

Reason(s) for filing (Check proper box)

New Well ☐

Recompletion ☐

Change in Ownership ☒

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

If change of ownership give name
and address of previous owner

DAMSON OIL CORPORATION, P.O. Box 4391, Houston, Tx. 77211

II. DESCRIPTION OF WELL AND LEASE

Lease Name PARLAY	Well No. 2	Pool Name, Including Formation UNDESIG. MESAVERDE	Kind of Lease State, Federal or Fee INDIAN	Lease No. 420
Location Unit Letter F ; 2310 Feet From The N Line and 2310 Feet From The W Line of Section 29 Township 22N Range 3W , NMPM, SANDOVAL 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"/> THE PERMIAN CORPORATION	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Texas	
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. F 29 22N 3W	Is gas actually connected? When No

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 <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 22 DEC. 71	Date Compl. Ready to Prod. 16 JAN. 72	Total Depth 4374	P.B.T.D. 4365
Elevations (DF, RKB, RT, GR, etc.) 7117 KB	Name of Producing Formation MENEFEE SAND	Top Oil/Gas Pay 4285	Tubing Depth 4284
Perforations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" O.D.	235	135
7 1/4"	4 1/2" O.D.	4368	200
7 1/8"	2		

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 19 JAN. 72	Date of Test 19 JAN. 72	Producing Method (Flow, pump, gas lift, etc.) FLOW	
Length of Test 12 HRS.	Tubing Pressure 720	Casing Pressure 1240	Choke Size 12/64
Actual Prod. During Test	Oil - Bbls. 153	Water - Bbls. 0	Gas - MCF 168.3

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. 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.

Neil Reynolds
operator

8-28-85

OIL CONSERVATION DIVISION

AUG 28 1985

APPROVED

BY

TITLE

SUPERVISOR DISTRICT #3

This form is to be filed

If this is a request for a well, this form must be filed with the deviate tests taken on the well.

All sections of this form are to be filed on new and revised forms only.

FILED only in the Oil Conservation Division

RULE 1104.

Drilled or deepened

of the deviate

tests.

by the

allow