

NEW MEXICO DEPARTMENT OF ENERGY PERMIT TO PRODUCE OIL AND NATURAL GAS AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104 and C-105
 Effective 1-1-65

LAND OFFICE

TRANSPORTER

OPERATOR

PRODUCTION OFFICE

Operator Noel Reynolds La Quinta Oil Co.

Address Po Box 356 FLOAAVISTA, N.M. 87415

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☐ Change In Transporter of: ☒ Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change In Ownership ☐

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

DESCRIPTION OF WELL AND LEASE

Lease Name <u>PARLAY</u>	Well No. <u>2</u>	Pool Name, Including Formation <u>PARLAY MESAVERDE</u>	Kind of Lease State, Federal or Fee <u>INDIAN</u>	Lease No. <u>APACHE 430</u>
Location				
Unit Letter <u>F</u> ; <u>2310</u> Feet From The <u>NORTH</u> Line and <u>2310</u> Feet From The <u>WEST</u>				
Line of Section <u>39</u> Township <u>22 N</u> Range <u>3 W</u> , NMPM, <u>SANDOVAL</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>GIANT REFINING CO.</u>	<u>23733 N. SCOTTSDALE RD. SCOTTSDALE, ARIZ. 85267</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)
<u>Das Co. g N.M</u>	
If well produces oil or liquids give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>F</u> <u>29</u> <u>32 N</u> <u>3 W</u> <u>No</u>

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'y.	Diff. Rest'y.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		F.B.T.D.			
Elevations (DE, RND, RI, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth.			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 hrs.)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Pump, Gas Lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

RECEIVED
JUL 26 1990
OIL CON. DIV
DIST. 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

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Noel Reynolds
 (Signature)
operator
 (Title)
7-25-90
 (Date)

OIL CONSERVATION COMMISSION
 JUL 26 1990

APPROVED _____, 19____

BY [Signature]

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.