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U.S.G.S.  
LAND OFFICE  
TRANSPORTER OIL GAS  
OPERATOR  
PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-85

API #30-043-20593

Operator  
Address  
PARKO INC.  
P.O. Box 75 Counselor, New Mexico 87018  
Reason(s) for filing (Check proper box)  
New Well ☐ Change In Transporter of:  
Recompletion ☐ Oil ☒ Dry Gas ☐  
Change In Ownership ☒ Casinghead Gas ☒ Condensate ☐  
Other (Please explain)  
TRANSPORTER Change only  
Tulsa  
If change of ownership give name and address of previous owner  
S.I.O. CO., 401 S. Boston Suite 2310 OK 74103

II. DESCRIPTION OF WELL AND LEASE  
Lease Name EMILEY Well No. 1 Pool Name, Including Formation Lybrook Gallup Kind of Lease State, Federal or Fee Federal Lease No. NM 28740  
Location  
Unit Letter D L 1650 Feet From The S Line and 940 Feet From The W  
Line of Section 20 Township 23N Range 6W, NMFM, Sandval County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
GIANT Address (Give address to which approved copy of this form is to be sent)  
Farmington, New Mexico  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
PARKO INC. Address (Give address to which approved copy of this form is to be sent)  
Farmington, New Mexico  
If well produces oil or liquids, give location of tanks. Unit D Sec. 29 Twp. 23N Rge. 6W Is gas actually connected? Yes When 1982

IV. COMPLETION DATA  
If this production is commingled with that from any other lease or pool, give commingling order number:  
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.  
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  
Elevations (DF, RKB, RT, 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

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 Date of Test Producing Method (Flow, pump, etc.)  
Length of Test Tubing Pressure Casing Pressure JUN 29 1990  
Actual Prod. During Test Oil-Bbls. Water-Bbls. OIL CON. DIV  
DIST. 3

GAS WELL  
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate NOV 29 1993  
Testing Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size OIL CON. DIV  
DIST. 3

VI. 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.  
Roger R. McCowan  
Vice President  
June 25-1990

OIL CONSERVATION COMMISSION  
APPROVED JUL 9 1990  
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.