

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>PARKO, INC.</b>		Well API No. <b>30-039-22827</b>
Address <b>903 W. APACHE, FARMINGTON, NM 87401</b>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator <b>S. I. O. CO., 401 S. BOSTON SUITE 2310, TULSA, OK 74103</b>		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>LULU</b>	Well No. <b>5</b>	Pool Name, Including Formation <b>LYBROOK GALLUP</b>	Kind of Lease <del>State</del> , Federal <del>NM</del>	Lease No. <b>NM28741</b>
Location Unit Letter <b>J</b> : <b>2310</b> Feet From The <b>FSL</b> Line and <b>1650</b> Feet From The <b>FEL</b> Line Section <b>29</b> Township <b>23N</b> Range <b>6W</b> , <b>NMPM</b> , <b>SANDOVAL</b> 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"/> <b>GIANT</b>	Address (Give address to which approved copy of this form is to be sent) <b>FARMINGTON, NM 87401</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>EL PASO NATURAL GAS</b>	Address (Give address to which approved copy of this form is to be sent) <b>FARMINGTON, NM 87401</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>J</b> Sec. <b>29</b> Twp. <b>23N</b> Rge. <b>6W</b>	In gas actually connected? <b>YES</b> When? <b>8-1-90</b>

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 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	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	<b>10 5 PERMITS E 10</b>	SACKS CEMENT
		<b>AUG 30 1990</b>	
		<b>OIL CON. DIV.</b>	

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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. OPERATOR 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.

Signature **FLOYD C. PARKER** PRESIDENT  
Printed Name  
Date **AUGUST 29, 1990** Telephone No. **505-327-5336**

OIL CONSERVATION DIVISION

Date Approved **AUG 30 1990**  
By **Supervisor**  
Title **SUPERVISOR DISTRICT #3**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.