Submit 5 Copies
Appropriate District Office
DISTRICT J
2.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

ti he	TC	TRANS			NATURAL C					
Operator PARKO TNC			TO THE COURT OF THE PARTY OF TH				API No.			
PARKO, INC.							30-043-10687			
903 W. APACHE, F.		NM 87	401							
Reason(s) for Filing (Check proper box)			***************************************		Other (l'lease exp	rlain)		······································		
New Well	Chi Oil	ange in Tran ЮТ								
Change in Operator	Casinghead Gr	X. Dry								
li change of operator give name										
and address of previous operatorS			TOSTON	SULTK.	2310, TULS	Λ, OK 74	103	 -		
II. DESCRIPTION OF WELL Lease Name					The Committee of the State of t					
LULU	Well No. Pool Name, Included 1.YBROOK 0				On		of Lease Federal ox Ree		ease No.	
Location							Federal ox Red NM28741			
Unit Letter P	900	Feet	From The _	FSL	Line and	O r o	ct From The _	FEL	Line	
Section 29 Townshi							arrion the _		LINE	
Section 25 Towns	ID 4-314	Ranj	ge OW		NMPM, SANI	DOVAL			County	
II. DESIGNATION OF TRAN	√SPORTER C	F OIL A	ND NATU	JRAL GA	.S					
Plane of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to be sent)									ent)	
GIANT Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas []					FARMINGTON, NM 87401					
EL PASO NATURAL GAS				1	Address (Give address to which approved copy of this form is to be sent FARMINGTON, NM 87401					
If well produces oil or liquids, ive location of tanks.	quids, Unit Sec. Twp. Rge.				ally connected?	When	. 7			
)[.23		YE		i	8-1-90			
this production is commingled with that V. COMPLETION DATA	from any other lea	ne or pool, j	give Comming	ling order m	ımber:					
	Jon	Well	One Well	New We	II Workover	Deepen	Plug Back	Sama Daa'u	force north	
Designate Type of Completion	i i	İ		1	İ		I mg nack j.	Dallie MCP A	Diff Res'v	
Date Spudded	Date Compt. Ready to Prod.			Total Depth		·	P.B.T.D.			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Oi	a Pav					
					,		Tubing Depth			
Critorations							Depth Casing	Shoe		
	71101	NC CAC			THE LOS AS IN COMME			····		
HOLE SIZE		A TUBING		CEMEN	DEPTH SEV	PE 13		CVC CTU		
				Salva Derandev S			SACKS CEMENT			
	** · · · · · · · · · · · · · · · · · ·			AUG 3 0 1990						

. TEST DATA AND REQUES	T FOR ALLO) WĂBLŁ		Off	-	DIV.				
IL WELL (Test must be after re	covery of total vol	lune of load	oil and must	be equal to	or DIST allo	wable for this	depth or be for	r full 24 hour	·	
Pate First New Oil Run To Tank	Date of Test			Producing I	Method (Flow, pu	mp, gas lýt, et	c.)			
ength of Test	Tubing Pressure			Caring Day						
	Tuoning Freewing			Casing Pressure			Choke Size			
ctual Prod. During Test	Cest Oil - Bbin.			Water - Bbla.			Gas- MCF			
TAO AUDIT				l			************		\$	
IAS WELL ctual Prod. Test - MCF/D	Length of Test								- F	
	rengin of 167			Bbls, Cond	ensate/MMCI ²		Gravity of Cor	idensate		
sting Method (pitot, back pr.)	Tubing Pressure ((Shut-in)		Casing Pier	mire (Shut in)		Choke Size			
				"	,,		CHOICE DILL		-	
1. OPERATOR CERTIFICA	VIE OF CO	MPLIA	VCE		04 004					
I hereby certify that the rules and regulations of the Oll Conservation Division have been complied with and that the information given above				OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.				AUG 3 0 1990						
					e Approved	1		Λ		
Signature Court 161				By Bill Chang						
FLOYD C. PARKER PRESIDENT				SUPERVISOR DISTRICT 13						
Printed Name AUGUST 29, 1990	505-327-	Title	************	Title	1	501 21	THISON D	is i micl	FJ	
Date 1990		-3330 Telephone t	ło,							
		•		11						

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
- 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 tiled for each pool in multiply completed wells.