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Appropriate District Office
DISTRICT I
P.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, Artesia, NM 88210

OIL CONSERVATION DIVISION
P.O. Box 2088

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRA	NSP	ORT OIL	L AND NA	ATURAL (GAS				
Operator						Well AP! No.					
Parker & Pars	<u>ley Deve</u>	lopment	Com	pary				3004507	'577		
Address P. O. Box 3178	3, Midlar	nd. TX	797	02							
Reason(s) for Filing (Check proper bo		<u></u>			Oi	her (Please ex	plain)		· · · · · · · · · · · · · · · · · · ·		
New Well		Change in	-								
Recompletion	Oil	\vdash	Dry G	_							
Change in Operator	Casinghe	ad Gas	Conde	nate							
If change of operator give name and address of previous operator	Damson (<u> Dil Cor</u>	pora	tion, 3	3300 N.	"A", B1	dg. 8, :	1idland.	TX 7970	5	
II. DESCRIPTION OF WEL	L AND LF	ASE					-	ŕ		Q.	
Lease Name Day J		Well No. Pool Name, Include						d of Lease o Foderal or Fo			
Location			<u>. </u>				1		.17:51	347 03 JB	
Unit Letter 0	:1	210	Feet F	rom The _S	Li	ne and	1350	Feet From The	E	Line	
Section 8 Town	nship 2	28N	Range	10W	<u> </u>	IMPM,	San Juar	1		County	
III. DESIGNATION OF TRA	ANSPORTI	TR OF O	II. AN	D NATE	DAI GAS	!					
Name of Authorized Transporter of Oi		or Conden		—			which approv	ed copy of this	form is to be s	rent)	
None											
Name of Authorized Transporter of Casinghead Gas or Dry Gas [Sunterna Gas Gathering Co.					Address (Give address to which approved copy of this form is to be sent) P. 0. Box 26400. Alb NM 87125					tent)	
If well produces oil or liquids, Unit Sec.			Twp.	Rge.							
give location of tanks.		<u>i</u>	<u> </u>	_i		Yes	•	4/5/5	6		
If this production is commingled with the	hat from any ot	her lease or	pool, gi	ve comming	ling order nur	nber:					
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completic Date Spudded		pl. Ready to	Bend		Total Depth	1	_1		<u></u>	_Ĺ	
Date Spudded	Date Com	ipi. Keady to	PIOG.		Total Deptil			P.B.T.D.	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Der	Tubing Depth		
Perforations					<u> </u>			Depth Casi	Depth Casing Shoe		
		TURING.	CAST	NG AND	CEMENT	ING RECO	RD	<u> </u>			
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEN	MENT.	
					-	····					
V. TEST DATA AND REQU	FST FOR	ALLOWA	RIF								
•					be equal to o	r exceed top a	llowable for t	his depth or be	for full 24 hos	ure.)	
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)					
		1				I W P	199	- , #+	<u> </u>		
Length of Test	Tubing Pre	Tubing Pressure			Gaide Preigne			Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water Bola 1391			Gas. MCF		
GAS WELL				<u></u>	11 60	N DIV	/		~~ <u>~~</u>	't'	
Actual Prod. Test - MCF/D	Length of	Length of Test				Bbls. Condensato MMCF			Gravity of Condenses		
Festing Method (puot, back pr.)	Tubing Pro	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFI	CATE OF	COMP	LIAN	ICE.		011 00			-		
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						APR 1 8 1991					
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Hany 1/1	Zore-				_		7.	Δ			
Signature	1 11.1	. 100		1	∥ By_		سيدو	· · · · · · ·	many		
Printed Name Title							SUPER	RVISOR DI	STRICT	#3	
2-19-91	<u>915</u>	-683-	4768	<u> </u>	Title						
Date		Telep	phone N	lo.	[]						

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.