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Appropriate District Office
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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator	Parker & Parsley Development Company	Well API No.	3004587116
Address	P. O. Box 3178, Midland, TX 79702		
Reason(s) for Filing (Check proper box)			
New Well	<input type="checkbox"/>	Change in Transporter of:	<input type="checkbox"/> Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas
Change in Operator	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate
If change of operator give name and address of previous operator			
Damson Oil Corporation, 3300 N. "A", Bldg. 8, Midland, TX 79705			

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Feasel Federal	Well No.	81A	Pool Name, Including Formation	Fulcher Kutz Pictured Cliffs	Kind of Lease	State Federal or Fee	Lease No.	NMSF046563
Location									
Unit Letter	L		1850	Feet From The	S	Line and	1150	Feet From The	W
Section	33	Township	28N	Range	10W		NMPM,	San Juan	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input type="checkbox"/> or Condensate	Address (Give address to which approved copy of this form is to be sent)				
None	<input type="checkbox"/>					
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/> or Dry Gas	Address (Give address to which approved copy of this form is to be sent)				
Sunterra Gas Gathering Co.	<input checked="" type="checkbox"/>	P. O. Box 26400, Alb., NM 87125				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
					Yes	1/6/71

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	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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		APR 18 1991

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Choke Size
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
Larry R Boren
Printed Name
2-19-91
Date
Title
Mng. Oper Accty.
915-683-4768
Telephone No.

OIL CONSERVATION DIVISION

Date Approved
APR 18 1991

By
Title
SUPERVISOR DISTRICT 83

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 104 must be filed for each pool in multiply completed wells.