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State of New Mexico
Energy, Minerals and Natural Resources Department

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

RECEIVED

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

SEP 28 '89

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

ARTESIA, OFFICE

I. Operator Parker & Parsley Petroleum Company Well API No. _____
Address P. O. Box 3178, Midland, Texas 79702 Other (Please explain) _____
Reason(s) for Filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☒ Oil ☐ Dry Gas ☐
Change in Operator ☐ Casinghead Gas ☐ Condensate ☐
If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Pardue Farms 26</u>	Well No. <u>3</u>	Pool Name, including Formation <u>Loving(Delaware)-Brushy Canyon</u>	Kind of Lease State, Federal or Fee	Lease No.
Location <u>F 11R/3</u> <u>2080</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line Unit Letter <u>26</u> Township <u>23S</u> Range <u>28E</u> , <u>NMPM</u> Eddy 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"/> <u>Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1183, Houston, Texas 77001</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1492, El Paso, Texas 79978</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>26</u>
	Twp. <u>23S</u>	Rge. <u>28E</u>
	Is gas actually connected? <u>yes</u>	When? <u>5-81</u>

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 checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res v	Diff Res v <input checked="" type="checkbox"/>
Date Spudded <u>9-14-89</u>	Date Compl. Ready to Prod. <u>9-21-89</u>	Total Depth <u>8000</u>	P.B.T.D. <u>6255'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3017 GL</u>	Name of Producing Formation <u>Brushy Canyon</u>	Top Oil/Gas Pay <u>5908</u>	Tubing Depth <u>5880</u>					
Perforations <u>5908-6251</u>			Depth Casing Shoe <u>8000</u>					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>12 1/4"</u>	<u>10 3/4"</u>	<u>530</u>	<u>150 Sx. Cl C</u>					
<u>8 1/2"</u>	<u>7"</u>	<u>3031'</u>	<u>1700 sx. Hal Lite, 200 sx C</u>					
<u>6 1/8"</u>	<u>4 1/2"</u>	<u>8000'</u>	<u>750 Trinity Lite, 250 sx H</u>					
	<u>2 3/8</u>	<u>5880</u>						

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 <u>9-21-89</u>	Date of Test <u>9-24-89</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flowing</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure <u>115</u>	Casing Pressure <u>0</u>	Choke Size <u>38/64</u>
Actual Prod. During Test <u>374 Bbls. Fluid</u>	Oil - Bbls. <u>99</u>	Water - Bbls. <u>275</u>	Gas - MCF <u>109</u>

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 J. Michael Reeves Dist. Opr. Manager
Printed Name 9-26-89 915 683 4768
Date _____ Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved OCT 6 1989

By ORIGINAL SIGNED BY
MIKE WILKINS
Title SUPERVISOR, DISTRICT II

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.