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Appropriate District Office
DISTRICT 1
P 3. flox 1980, Hobbs, NM 88240

mine of their 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, Aricaia, 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

I		IO IRP	11121	OHIOIL	AN UNA	TUHAL GA				 -
Cipentur SIO Company							Well	API No.		
Address 2310 Mid-Coi	ntinent	Tower	. Tì	ılsa, Ok	lahoma 7	4103				
Reason(s) for Filing (Check proper box)		 			Ou	er (Please expla	zin)			
New Well		Change in	Transi	water of:		•	•			ļ
Recompletion	Oil		Dry C							
Change in Operator	Casinghead		•	·	EII	ective 1	.2/1/89			
If change of operator give name					Inc •	P.O. Box	. 13237	Obla C	rity OK	72112
and address of previous operator Real			Picu	aganenc	, 1110,,	1.0.100		VILLA	ally, CAN	
Lease Name Lulu		Well No.	1	Name, Includi	-	onaion		of Lease Federal or Fed	.	ease No.
Location		3	ТУ	prook Ga	rrub rxt	ension			NM 2	8741
Unit LetterN	: 66	0	. Feet l	From The S	outh Lin	and20	90	et From The	West	Line
Section 29 Township	23N		Range	e 6W	, NI	мРМ,	Sandova	1		County
III. DESIGNATION OF TRAN	SPORTE			IUTAN DI						·
Name of Authorized Transporter of Oil		or Couden	عليكا			e address to wh	•			ni)
The Permian Corp. Name of Authorized Transporter of Casing	head Gas		or Dr	y Gas		x 1183; e address to wh				ni)
If well produces oil or liquids, give location of tanks.			Twp.	Rge.	le gas actuall	y connected?	When	7		
If this production is commingled with that f	 - 	er lease or				per:				
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion	- (X) Date Comp	l Party to	l_		Total Depth	L	1	P.B.T.D.	İ	_1
Date Spudded	Date Comp	н. ксасу к	o i loa.					P.B.1.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of P	oducing Fo	omatio	où.	Top Oil/Cas Pay Tubing Depth					
Perforations				<u></u>		 	Depth Casin	y Shoe		
		TIDING	CAS	INC AND	CEMENT	NG RECOR	D			
HOLE OVE						DEPTH SET		T	SACKS CEM	ENT
HOLE SIZE CASING & T			JOHNO	SIZE	DEFIN SET			SACKS CLINETT		
								 		
								-	· 	
									····	
V. TEST DATA AND REQUES	TEODA	TIOW	ARIT	?				.l		
					ha saual to or	around ton all	awahla for thi	e dunth oe he	for full 24 hou	ere l
CIL WELL (Test must be after re			0) 1001	I ou and must		ethod (Flow, pu			jor jan 24 non	,,,
Lute First New Oil Run To Tank	Date of Ter	a a			Liouncing M	culou (Flow, pi	auth' Erre shi' (in in	CAR	· W W RE
Length of Test	Tubing Pressure			Casing Pressure			Choke	is w is	N V IS	
Actual Prod. During Test	Oil - Bbis.			Water - libis			Gas- MCF	NOV1	3 1989	
GAS WELL	1					·			IIL CO	M. DIV
Justical Prod. Test - MCF/D Length of Test				Bbls. Condensate/MMCF			Gravity of Condens 12131. 3			
l'esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC		-		NCE		OIL CON	ISERV	ATION	DIVISIO	N
I hereby certify that the rules and regillations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION PINISION					
is true and complete to the best of up knowledge and belief. SIO Company				Date Approved						
Jelyl Mb. U					Bu Chamb					
Signature Patrick B. Cobb President				By SUPERVISOR DISTRICT #3						
					1.1). ·	•
November 6, 1989	91	8/582-	5400)	Title					<u></u>

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.

ND. OF COPIES REC	CIVED		
DISTRIBUTIO) N		
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
GAS			
OPERATOR			
PRORATION OFFICE			_

- 1	DISTRIBUTION	NEW MEXICO OIL CO	DNSERVATION COMMISSION	Form C-104							
l	SANTA FE	REQUEST F	FOR ALLOWABLE	Supersedes Old C-104 and C-110							
l	FILE		AND	Effective 1-1-65							
	U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL G	AS							
	LAND OFFICE										
ļ	TRANSPORTER OIL										
Ì	GAS										
	OPERATOR										
1.	PRORATION OFFICE		API #30-043-20675								
	Operator										
	PARKO INC.										
	Address	1 27 27	210								
		P.O. Box 75 Counselor, New Mexico 97018									
	Reason(s) for filing (Check proper box)		Other (Please explain)								
	New Well	Change in Transporter of:		1							
	Recompletion	OII X Dry Gas	声 1	i							
-	Change in Ownership X	Casinghead Gas X Condens	sate								
	If change of ownership give name	S T O CO		Tulsa							
	If change of ownership give name and address of previous owner	D.1.0. CO	401 S. Boston Suite	2310 OK /4103							
		DAGE		•							
ш.	DESCRIPTION OF WELL AND L	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.							
			Chata Fadaral	or Foo Federal NM28741							
	LULU Location	3 Lybrook G	allup .	rederal NM20741							
			2000								
	Jnit Letter N : 66U	Feet From The FSL Line	and 2090 Feet From T	he FWT							
	tre of Section C.O. Town	nship 23N Range 6V	W , NMPM, Sandov	al County							
	_ine of Section 29 Town	namp 2514 Mange Of	, mar is, Barraev	<u>u</u>							
111	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	s								
	Name of Authorized Transporter of Oil		Address (Give address to which approv	ed copy of this form is to be sent)							
	! ! GIANT		Farmington, New Mexico								
	Name of Authorized Transporter of Cas.	inghead Gas 🔀 💮 or Dry Gas 🥽	Address (Give address to which approved copy of this form is to be sent)								
		.•	Farmington, New Mexico								
	If well produces oil or liquids,	Unit Sec. Twp. Ege.	Is gas actually connected? Whe								
	give location of tanks.	N 29 23N 6W	NO !								
	The state of the s	h that from any other large or real	rive committating order number:								
IV	If this production is commingled with COMPLETION DATA	n that from any other lease or pool,	give commingling order number:	to the state of th							
• • .		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.							
	Designate Type of Completio	n = (X)									
	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							
			ì	İj							
	Perforations			Depth Casing Shoe							
		TUBING, CASING, AND	CEMENTING RECORD								
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT							
			<u> </u>								
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load	and sues e equal to or exceed top allow-							
	OIL WELL Date First New Cil Bun To Tanks	Date of Test	Producing Method (Flow, pump, gday)								
	Sere i not new On run 10 lanks	23.4 0. 1481	Freducing Method (From, pump, gdays	A							
	Langth of Test	Tubing Pressure	Casing Pressure	add 1800							
	Actual Prod. During Test	Oil-Bble.	Water-Bble.	MG MER D. D.							
		}		D 1 ST 3							
	·	1	<u> </u>	I Mer. J							
	GAS WELL										
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate							
		1									
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size							
			•								
VI	. CERTIFICATE OF COMPLIAN	CF	OH CONSERVA	TION COMMISSION							
**	. CERTIFICATE OF COMPLIAN	CE	OIL CONSERVATION COMMISSION								
	I hasabu aastifu shaa shaa isaa s	encontations of the City	APPROVED JUL 9	JUL 9 1990							
	Commission have been complied to	regulations of the Oil Conservation with and that the information given	AFFROVED								
	above is true and complete to the	e best of my knowledge and belief.	BY 7								
	3			craning .							
	<i>7</i> /		SUPERVISOR D	ISTRICT #3							
	Tout in one	1220	This form is to be filed in compliance with RULE 1104.								
	Togy n. Ore (Sign	COTOTO	If this is a request for allo	If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.							
			well, this form must be accomply tests taken on the well in accomply								
	Vice President	(tle)	All sections of this form must be filled out completely for silow-								
	June 25-1990	me/	able on new and recompleted w	elle.							
	0 une 23-1330		Fill out only Sections I. II. III. and VI for changes of owner,								

(Date)

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.