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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

API #30-039-22827

I. Operator  
PARKO INC.  
Address  
P.O. Box 75 Counselor, New Mexico 87018  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☒ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☒ Condensate ☐  
Other (Please explain)  
If change of ownership give name and address of previous owner  
S.I.O. CO. 401 S. Boston Suite 2310 OK 74103 Tulsa

II. DESCRIPTION OF WELL AND LEASE

Lease Name LULU	Well No. 5	Pool Name, Including Formation Lybrook Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. NM28741
Location Unit Letter J 2310 Feet From The FSL Line and 1650 Feet From The FEL Line of Section 29 Township 23N Range 6W, NMPM, Sandoval 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"/> GIANT	Address (Give address to which approved copy of this form is to be sent) Farmington, New Mexico			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> PARKO INC.	Address (Give address to which approved copy of this form is to be sent) Farmington, New Mexico			
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 29	Twp. 23N	Rge. 6W
Is gas actually connected?		When NO		

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 Tanks	Date of Test	Producing Method (Flow, pump, lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size JUN 29 1990
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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OIL CON. DIV.  
DIST. 3

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Ray H. McCann  
(Signature)

Vice President

(Title)

June 25-1990

(Date)

OIL CONSERVATION COMMISSION

JUL 9 1990

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY James D. Chang

TITLE SUPERVISOR DISTRICT #3

This form is to be filed in compliance with RULE 1104.

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.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

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.