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DISTRICT II
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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

I. Operator Parker & Parsley Development Company		Well API No. 30-039-25058
Address C/o A. R. Kendrick, Box 516, Aztec, NM 87410		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Rosa Unit	Well No. 312	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease XXX , Federal XXX	Lease No. SF-078894
Location Unit Letter <u>L</u> : <u>1490</u> Feet From The <u>South</u> Line and <u>230</u> Feet From The <u>West</u> Line Section <u>28</u> Township <u>31 N</u> Range <u>4 W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Northwest Pipeline Corporation	Box 58900, Salt Lake City, UT 84158-0900	
If well produces oil or liquids, give location of tanks.	Unit <u>L</u> Sec. <u>28</u> Twp. <u>31N</u> Rge. <u>4W</u>	Is gas actually connected? <u>No</u> When ?

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
		X	X					
Date Spudded 6/17/91	Date Compl. Ready to Prod. 7/16/91		Total Depth 3630'		P.B.T.D. 3578'			
Elevations (DF, RKB, RT, GR, etc.) 6702' GR	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 3506'		Tubing Depth 3549'			
Perforations 3506-20, 3524-28 & 3530-33'. 48 0.5" holes phased @ 120°.					Depth Casing Shoe 3630'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8" 24#		362'		225 Sx (265 CuFt) Circ.			
7-7/8"	5-1/2" 15.5#		3630'		1st	100 Sx (265 CuFt)		
	2-7/8"		3549'		2nd	825 Sx (1498 CuFt) Circ.		

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	GRIPSI
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	GRMCF

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JUL 31 1991

GAS WELL

Actual Prod. Test - MCF/D 266	Length of Test 2 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.) Back pressure	Tubing Pressure (Shut-in) 430	Casing Pressure (Shut-in) 430	Choke Size 2"

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.

A. R. Kendrick
Signature
A. R. Kendrick Agent
Printed Name
July 31, 1991 Date
(505) 334-2555 Telephone No.

OIL CONSERVATION DIVISION

Date Approved **AUG 08 1991**

By **Original Signed by FRANK T. CHAVEZ**

SUPERVISOR DISTRICT # 3
Title

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.