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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Lergy, Minerals and Natural Resources Department

RECEIVED See In:

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 MAR 1 9 1991

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

O. C. D.
REQUEST FOR ALLOWABLE AND AUTHORIZATION ARTESIA, OFFICE

I	T	O TRA	NSP	ORT OIL	AND NA	TURALG					
Perator							Well	Pi No.			
Parker & Parsley Deve			253								
Address D. O. Porr 2179 Midlan	ad Torro	s 797	202								
P.O. Box 3178, Midlar  Reason(s) for Filing (Check proper box)	iu, iexa	.5 / 9 /	02	-	Oti	her (Please exp	lain)				
New Well		Change in '	Transpo	rter of:		(					
Recompletion	Oil		Dry Ga								
Change in Operator	Casinghead		Conden								
If change of operator give name	mean Oil	Corno	rati	on 33	00 N "	A", Bldg	8 Mid	land T	X. 7970	.5	
and address of previous operator	13011 011	dolpe	racı	.011 5 5 5	00 11.	n , brug	• 0, 11.20	Tand, I.	7,770	<del></del>	
II. DESCRIPTION OF WELL.	-								<b>,</b>		
Lease Name Berry A Federal Well No.   Pool Name, Including Carayburg James   Pool Name, Including Carayburg   Pool Name, In						ackson 7RVS-QN-GB-SASTAGE			f Lease Lease No. Federal or Fee NMLC054988A		
Location			Glay		ackson		I		INFECO	J4986A	
	16	50		_	N	1.7	50 <del>50</del> F		T.J		
Unit LetterF	-:	30	Feet Fr	om The	NLis	ne and	<u> </u>	et From The	W	Line	
Section 21 Township	179	S	Range	30	E , N	IMPM,	Eddy			County	
III. DESIGNATION OF TRAN		_		D NATU							
Name of Authorized Transporter of Oil	LXI	or Condens	ate		l .	we address to w				int)	
TexasNew Mexico Pipeline Co.						P.O. Box 2528, Hobbs, N.M. 88240  Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas					1	enbrook,		1			
Phillips Petroleum Co.  If well produces oil or liquids, Unit Sec. Twp.				Ree		iy connected?	When				
give location of tanks.	C	21	17S	30E	yes	•	i	•			
If this production is commingled with that i	from any other	r lease or p	ool, giv	e commingl	ing order man	niber:					
IV. COMPLETION DATA								· · · · · · · · · · · · · · · · · · ·			
Designate Type of Completion		Oil Well	(	Jas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
		Pandy to			Total Depth	1		<u> </u>	<u> </u>		
Date Spudded	Date Compl.	. Ready to	riou.		Ioza Depai			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing For	mation	·	Top Oil/Gas	Pay	<del> </del>	Tubing Dep	th.		
Perforations								Depth Casin	Depth Casing Shoe		
	TUBING, CASING AND						<del></del>	<b>,</b>			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
								<del> </del>			
	ļ <u> </u>							<del> </del>			
	<del>                                     </del>						<del></del>	<del>                                     </del>			
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE					.1			
OIL WELL (Test must be after re				oil and must	be equal to o	r exceed top al	lowable for thi	s depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
	<u> </u>				2	·		Chaka Sina	Posts	d ID-	
Length of Test	Bure			Casing Pressure			Choke Size	4-	5-91		
Actual Prod. During Test	rod. During Test Oil - Bbls.				Water - Bbl		·	Gas- MCF	OP.	toha	
Actual Flod. During Test	Oli - Bois.					_					
CACTURE	1				<u> </u>			1	_		
GAS WELL Actual Prod. Test - MCF/D	Length of Te	est			Bbis. Conde	nsate/MMCF		Gravity of	Condensate		
Parisi Flor for Firefra	Lengur Gr Tea										
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIAN	ICE							
I hereby certify that the rules and regula				<del>-</del>		OIL CO	NSERV	AHON	DIVISIO	אכ	
Division have been complied with and that the information given above					APR 2 1991						
is true and complete to the best of my knowledge and belief.					Dat	e Approvi	ed	FR Z	1331		
V AA	<b>.</b> ,					, .					
Simony 11 1 1	4-				∥ By_		HNAI CIC	MED DV			
Printed Name  Signature  Larry R. Boren  Mgs. Open accely.  Title					MIKE WILLIAMS  Title SUPERVISOR, DISTRICT IS						
											2-19-91

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.