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STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENTC. C. D.  
ARTESIA, OFFICEForm C-104  
Revised 10-01-78  
Format 06-01-83  
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PRODUCTION OFFICE	

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Premier Production Company	
Address P. O. Box 1246, Artesia, NM 88210	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
AMENDMENT	

If change of ownership give name and address of previous owner Southland Royalty Company

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Dale H. Parke "A" Tr.1	Well No. 3	Pool Name, including Formation Grayburg-Jackson (O, G, SA)	Kind of Lease State, Federal or Fee Fed.	Lease No. NM0467930
Location Unit Letter <u>D</u> ; <u>330</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u> Line of Section <u>22</u> Township <u>17S</u> Range <u>30E</u> , NMPM, <u>Eddy</u> County				

TEMPORARILY ABANDONED

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

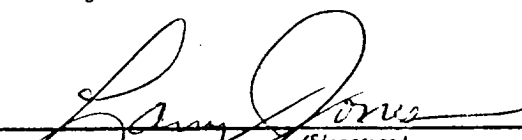
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, NM 88241	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Continental Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 460, Hobbs, NM 88240	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 22
	Twp. 17S	Rge. 30E
	Is gas actually connected?	When
	Yes	5-4-62

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

## VI. 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 is true and complete to the best of my knowledge and belief.

  
 owner/operator  
 (Title)  
 7/ 89  
 (Date)

## OIL CONSERVATION DIVISION

APPROVED JUL 21 1989, 19  
 BY ORIGINAL SIGNED BY  
MIKE WILLIAMS  
 TITLE SUPERVISOR, DISTRICT II

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.