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

State of New Mexico Energy, Minerals and Natural Resources Department Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

O1	P.O. Box 2088 Santa Fe, New Mexico 87504-2088									
REQUES	T FOR	ALLOWA	ABLE AND	AUTHORIZ	'ATION_					
10	TO TRANSPORT OIL AND NATURAL GAS							., <u>.</u>		
JR. 44	R. & Khonda K. Parrish						<u>30-015-10898</u>			
Street, A	rtesia	, NM 88	210							
Oil		Gas _	Owh]]	er (Piease explai	in)					
AND LEAS	E									
W	ell No. Po	ol Name, Incl	uding Formation	vburg SA	Kind of Lease			ase No. 382		
: 330	Fe	et From The	South Lie	e and231	<u>0</u> F ∞	t From The _	West	Line		
i p 18S	Ra	nge 28	E , N	МРМ,	Eddy			County		
			TURAL GAS			201.2		-4		
of Authorized Transporter of Oil or Condensate Navajo Refining Company										
Authorized Transporter of Casinghead Gas or Dry Gas				Address (Give address to which approved copy of this form is to be sent)						
Unit Se	a TV	vp. R 'S 28E		Is gas actually connected? When			?			
t from any other	ease or poo	l, give comm	ingling order nur	nber:						
			1 N 11/11	1 30-3	1 2	Dive Deels	S Pas'u	Diff Res'v		
1 - (X)	Jil Well	Gar Well	New Well	Workover	Deepen	Plug Back	Same Res v	Dill Resv		
Date Compl. I	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
ons (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth			
						Depth Casin	g Shoe			
TU	BING, C	ASING AN	ND CEMENT	ING RECOR	D					
CASIN	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
			 				5-11-57			
							che ro			
DECLIEST FOR ALLOWARLE							1			
							or full 24 how	rs.)		
Date of Test	Date of Test			Producing Method (Flow, pump, gas lift, e						
Tubing Pressu	Tubing Pressure			Casing Pressure			Choke Size			
Oil - Bbls.	Oil - Bbls.			Water - Bbla.			Gas- MCF			
							······································			
							Gravity of Condensate			
Length of Tes	i.		Bbls. Conde	nute/MMCF		Gravity of C	ondensate			
Length of Tes				ensate/MMCF sure (Shut-in)		Gravity of C	Condensate			
	COMPL	IANCE	Casing Pres	Sure (Shut-in) OIL CON		Choke Size	DIVISIC)N		
Tubing Press. CATE OF Culations of the Oil	COMPL	IANCE	Casing Pres	OIL CON		Choke Size	DIVISIC	Ν		
	Street, A Ch Oil Casinghead G ELMER W. B AND LEASI W 330 ip 18S NSPORTER Ompany nghead Gas Unit Se N Se I from any other I (X) Date Compil. Name of Prod TU CASIN Date of Test Tubing Pressu	Santa REQUEST FOR TO TRANS JR.	P.O. Santa Fe, New I REQUEST FOR ALLOWATO TRANSPORT OF TRANSPORT OF TRANSPORT OF TRANSPORT OF TRANSPORT OF TRANSPORT OF TRANSPORTER OF OIL AND NATE OIL AND NATE OF TRANSPORTER OF OIL AN	P.O. Box 2088 Santa Fe, New Mexico 8750 REQUEST FOR ALLOWABLE AND A TO TRANSPORT OIL AND NA JR. **Lhorda** **Larri** Street, Artesia, NM 88210 Change in Transporter of: Oil	P.O. Box 2088 Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZ TO TRANSPORT OIL AND NATURAL GA JR.	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS JR. Land K. Parrish Street, Artesia, NM 88210 Change in Transporter of: Oil Dry Gas Casinghead Gas Condensate Well No. Pool Name, Including Formation 1 Artesia Queen Grayburg SA Stace, I Well No. Pool Name, Including Formation 1 Artesia Queen Grayburg SA Stace, I Stace, I Stace, I NSPORTER OF OIL AND NATURAL GAS NSPORTER OF OIL AND NATURAL GAS Ompany NSPORTER OF OIL AND NATURAL GAS Name of Producing Formation Limit Sec. Twp. Rge. Is gas actually connected? When no 1 from any other lease or pool, give commingling order number: Limit Sec. Twp. Rge. Is gas actually connected? When no 1 from any other lease or pool, give commingling order number: Limit Sec. Twp. Rge. Is gas actually connected? When no 1 from any other lease or pool, give commingling order number: Limit Sec. Twp. Rge. Is gas actually connected? When no 1 from any other lease or pool, give commingling order number: Limit Sec. Twp. Age. Is gas actually connected? When no 1 from any other lease or pool, give commingling order number: Limit Sec. Trubing Formation Top Oil/Gas Pay TUBING, CASING AND CEMENTING RECORD CASING & TUBING SIZE DEPTH SET Date of Test Producing Method (Flow, pump, gas lift, e Casing Pressure	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. 3D - O/55 - Street, Artesia, NM 88210 Change in Transporter of: Oil Dry Gas Caninghead Gas Condensate Well No. Pool Name, Including Formation 1 Artesia Queen Grayburg SA Stind of Lease State, From The South Line and 2310 Feet From The Eddy SSPORTER OF OIL AND NATURAL GAS OF Condensate Drawer 159, Artesia, NM 88210 Unit See Two Gas Address (Give address to which approved copy of this feet of the Same of Producing Formation or Dry Gas In The Same of Producing Formation or Dry Gas Only Gas Address (Give address to which approved copy of this feet or Dry Gas In Type See In gas actually connected? Unit See Two See In Type See In gas actually connected? Unit See Two See In Type See In gas actually connected? I have 1575 Per Deepen Plug Back Date Compl. Ready to Prod. Date Compl. Ready to Prod. Tubing Casing Formation Tubing Casing Size Depth Set See Producing Method (Flow, pump, gas lift, etc.) Date of Tea Producing Pressure Casing Pressure Choice Size Oil - Bbls. Water - Bbls. Water - Bbls. Gas-MCF	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Street, Artesia, NM 88210 Change in Transporter of: Oil Dry Gas Caninghead Sas Condensate Well No. Pool Name, including Formation 1 Artesia Queen Grayburg SA State, Remain Market Give address to which approved copy of this form is to be see in the state of the state		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

Date

May 7, 1993

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

SUPERVISOR, DISTRICT IF

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

Title 505 746-4651

Telephone No.

- 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.