

DISTRIBUTION		
WARRANT		
FILE		
U.S.G.P.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
REGISTRATION OFFICE		

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

Form O-104
Supersedes Old O-101 and O-102
Effective 1-1-84
RECEIVED 27
DEC 04 1984
O. C. D.
ATTORNEY GENERAL

Operator
William Moss Properties, Inc. ✓
Address
3303 Lee Parkway Dallas, TX 75219
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 The Petroleum Corporation One Marienfield Place, Suite 555, Midland TX 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name Parkway West Unit	Well No. 10	Pool Name, including Formation Parkway West Atoka-Morrow	Kind of Lease State, Federal or Free State	Lease No. K-6949-2
Location Unit Letter G : 1980 Feet From The East Line and 1980 Feet From The North Line of Section 27 Township 19S Range 29E, N.M.P.M., Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1484 Breckenridge, Texas 76024					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Llano, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1320 Hobbs, New Mexico 88240					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 27	Twp. 19S	Rge. 29E	Is gas actually connected? Yes	When June 15, 1982

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
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, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (flow, 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.

L.E. Thomas
(Signature)
Operations Manager
November 29, 1984
(Date)

OIL CONSERVATION COMMISSION

DEC 07 1984

APPROVED _____, 19____
BY Original Signed By
Leslie A. Clements
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 portions of this form must be filled out completely for allowable on new and re-completed wells.

Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of condition.