Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico Energy, Minerals and Natural Resources Depa

RECEIVED

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

JAN 16'90

DISTRICT III 1000 Rio Brazos I	Rd., Aziec, NM	87410
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REQUEST FOR ALLOWABLE AND AUTHORIZATION Ç. C. D.

	TO TR	ANSF	ORT OIL	AND NATI	UHAL GAS	Well A	I No.			
Decator Nearburg Producing Com	pany /					30-0	15-25939	 ·-		
Address P. O. Box 31405, Dalla:	s, Texas 75	231-	0405							
Reason(s) for Filing (Check proper box) New Well Recompletion	Change i	n Transp	porter of:	Cha	(Please explaining in (Gas Trai	nsporter 10, 1990	•		
f change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL A Lease Name Parino 23L	ND LEASE Well No.	Well No. Pool Pane, themany romanous					Lease Fee ederal or Fee	Lea	se No.	
Location Unit Letter	1,200	Feet	From The _W6	estLine	and 1,50	0 Fee	t From TheS	outh	Line	
Section 23 Township	198	Rang	21		1PM,		Eddy	,	County	
		OII A	ND NATH	DAT. GAS						
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil	or Cond	iensare			address to wh	ich approved	copy of this form	is to be sen	s) (6024	
Koch Oil Company, Division	of koch Indus	tries	, Inc.	P. O. B	ox 1558,	ich approved	nridge, T	is to be ser	U) U	
Name of Authorized Transporter of Casinghead Gas or Dry Gas X					th Bia Spr	ing, Suit	e 305 Midla	and. Tex	as 79705	
Feagan Gathering Compa	Unit Sec. Twp. Rge. Is gas as			Is gas actually	00 North Big Spring, Suite 305, Midland, Texas 79705 when?					
give location of tanks.	L 23		9S 25E	Yes		Jan	uary 10.	1990		
If this production is commingled with that f IV. COMPLETION DATA	rom any other lease	or pool,	give comming:	ing other min	ж					
Designate Type of Completion -	(X) I	/ell	Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Date Spudded	Date Compl. Read	y to Pro	d.	Total Depth			P.B.T.D.			
	Name of Producing Formation			Top Oil/Gas	Pay		Tubing Depth			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Depth Casing Shoe					
Perforations						··				
			SING AND	CEMENTI	NG RECOR	<u> </u>	SA	CKS CEM	FNT	
HOLE SIZE	CASING 8	TUBIN	IG SIZE	 	DEPTH SET		Pest I p- 3			
				 			1-2	6-90	<u> </u>	
							che	67: N	IPC	
THE PART OF THE AND DECAUSE	ET FOR ALL C	WAR	I R	<u></u>						
V. TEST DATA AND REQUES OIL WELL (Test must be after to	recovery of total voli	une of le	oad oil and mus	i be equal to o	r exceed top al	lowable for th	is depth or be for	full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test			Producing M	fethod (Flow, p	ump, gas lift,	eic.)			
Length of Test	Tubing Pressure	Tubing Pressure		Casing Press	arie		Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbl	S.		Gas- MCF			
GAS WELL							Gravity of Co	odensate		
Actual Prod. Test - MCF/D	Length of Test			Bbls. Conde	ensate/MMCF		Oravity of Co	-Culture		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	CATE OF CO	MPL	IANCE			NSER\	ATION E	IVISI	NC	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above			.IAN 2 3 1990							
is true and complete to the best of my	knowledge and beli	el.		Dat	e Approv					
Mildred Simphins				∥ ву.			SIGNED BY			
Signature Mildred Simpkins, Production Analyst Title					SUPERVISOR, DISTRICT II					
Printed Name January 11, 1990 Date	214/	739-	1778 one No.		·					
								السناسيب	والمساوي والمساوي	

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.