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

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State of New Mexico En_6y, Minerals and Natural Resources Department

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

OI

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT II
P.O. Drawer DD, Anesia, NM 88410 31 '89
DISTRICT III

Santa Fe, New Mexico 87504-2088

Santa Fe		IV	\Box	ı
File		V	Z	ľ
Transporter	Oil			
rransporter	Gas	V	П	ı
Operator	7	1.7		ı

I. ARTESI	C. BEQUA, OFFICE	UEST F	OR A	ALLO	AWA	BLE AND	AUTHORI	ZATION	Transp Operat	Ga		
Operator	TO TRANSPORT OIL AND NATURAL GAS							API No.				
Address		Operating Portners I D V						0-015-26074				
500 W. Illinois,	Suite	500, M	[1d1a	and,	Tex	as 7970)1					
Reason(s) for Filing (Check proper box) New Well						Oth	es (Please expl	ain)				
Recompletion	0"	Change in		•	of:							
Change in Operator	Oil Corinebas		Dry (
If change of operator give name	Casinghe	20 U28	Cond	lensate	<u>Ц</u>			· · · · · · · · · · · · · · · · · · ·				
and address of previous operator		· · · · · · · · · · · · · · · · · · ·										
II. DESCRIPTION OF WELL	AND LE	ASE										
Lease Name		Well No.	Pool	Name,	Includ	ing Formation	ţ.	Kind	of Lease		ease No.	
Parkway 36 State		3	₹Ūñ	id.	Park	way Dela	ware		Federal or F	ee V−15		
Location							<u>;</u>					
Unit Letter M	_ :9	90	Feet 1	From 7	The S	outh Lin	and33	<u>0</u> F	eet From The	West	Line	
Section 36 Townsh	vin 1	9S	D		29E							
JO NOMA	<u> 1</u>	75	Rang	е	29E	, Ni	MPM, E	ddy	_, _		County	
III. DESIGNATION OF TRAI	NSPORTE	ER OF O	IL A	ND N	IATU	RAL GAS						
Name of Authorized Transporter of Oil		or Conder	asate]	Address (Giv	e address to wi	hich approve	d copy of this	form is to be s	eni)	
Texaco Trading & Tran	sportat				_	P. O. B	ox 6196,	Midlar	nd, TX	78759		
Name of Authorized Transporter of Casi		\mathbf{x}	or Dr	ry Gas		Address (Giv	e address to wi	hich approve	d copy of this	form is to be s	ent)	
Delaware Natural Gas If well produces oil or liquids,			1=	,			<u>llyville</u>	Rd. #2	15, Aus	tin, TX	78759	
give location of tanks.	Unit M	Sec. 36	Twp.	- 1	Rge.	, -	y connected?	When	-			
If this production is commingled with that			198		29E	Yes			-26-89			
IV. COMPLETION DATA	. nom any on	net lease of	poor, g	give co	erannegi	nag order aum	DET:					
		Oil Well		Gas \	Vell	New Well	Workover	Deepen	Diug Back	Same Res'v	Dia Dia	
Designate Type of Completion	ı - (X)	l x	i			X		Docpen	I ring back	loanne vez A	Diff Res'v	
Date Spudded	Date Com	pl. Ready to	Prod.	····		Total Depth			P.B.T.D.	<u> </u>		
5-2-89		7-89				5000'			4350'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Pay			Tubing Depth			
3329 GR	Delaware			4261'			4290'					
	22 1	1							Depth Casi	ng Shoe		
4261-4277', 2 JSPF			C+ C	DIC	4 3 773	CT:\ CT:\ TT:		_	<u> </u>			
HOLE SIZE						CEMENTING RECORD						
17 1/2"	- CA		ING & TUBING SIZE			DEPTH SET				SACKS CEMENT		
9 1/2"		711	4			365'		715 sx + 20 yds Ready		ds Ready M		
6 1/4"	+	4 1/2	211			 	3185' 5000'		2135 sx			
	1	23/				4290			580 s	x		
V. TEST DATA AND REQUE		ALLOW	ABLE			<u> </u>			-L			
OIL WELL (Test must be after	recovery of ic	otal volume	of load	i oil an	ıd musi	be equal to or	exceed top allo	wable for th	is depth or be	for full 24 hou	7S.)	
Date First New Oil Run To Tank	Date of Te	:st				Producing Me	thod (Flow, pu					
7-15-89 Length of Test	_}	17-89				Pumpi	<u> </u>					
23 hrs	Tubing Pre	essure				Casing Pressu	re		Choke Size			
Actual Prod. During Test	Oil - Bbls.					30 Water - Bbis		Gas- MCF				
		69				181			46		İ	
GAS WELL	<u> </u>					101	· · · · · · · · · · · · · · · · · · ·		1 40			
Actual Prod. Test - MCF/D	Length of	Test				Bbls. Conden	A A / CE					
	200gu. 00	1000				Bois. Conden	MENTALCE		Gravity of	Condensate		
Testing Method (pitot, back pr.)	Tubing Pre	ssure (Shut	-in)			Casing Pressu	ne (Shut-in)		Choke Size			
		,	_,				(2.12. 12)		Cione Size	•		
VI. OPERATOR CERTIFIC	'ATE OF	COM	TTAI	NICTE			**************************************		_L			
I hereby certify that the rules and regu				NCE	•		DIL CON	ISERV	ATION	DIVISIO	M	
Division have been complied with and	that the infor	rmation give	en abov	ve								
is true and complete to the best of my	knowledge as	nd belief.				Date	Approved	ત	AUG	4 1989		
~ 1 ~ 1 ~ 1	1	1				Dale	Who over	<u> </u>				
Jerry McCul	Vous,	u				ρ.,	,	ANGINIA	1 CIONIES	עם ר		
Signature / Terry McCullough,	Sr. Pro	ductio	n ሮ1	larb		By_		MIKE WI	LSIGNED	זם כ		
Printed Name	<u></u>	<u>uuct10</u>	Title	FETK					LIAMS SOR, DIS	TOINT IS		
7-27-89	915/	687-35				Title.		- LIVI	JUIN, 1715	INICIII		
Date			phone l	No.		[[_	
						11						

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.