

OIL CONSERVATION DIVISION

P. O. BOX 2088

ARTESIA, NEW MEXICO 87501

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FEB 25 1985

OIL CONSERVATION
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND

TRANSPORT OIL AND NATURAL GAS

PARKER OIL, INC.

P.O. Box 1688 CARLSBAD NM 88221

Check proper box

New Well ☐
Completion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☒ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Change of ownership give name
Address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name COLLAZIEK Well No. 3 Pool Name, Including Formation PARKER-SEVEN REVERS Kind of Lease FEDERAL Lease No. CC-029096-C

Unit Letter G : 1650 Feet From The NORTH Line and 2310 Feet From The EASTLine of Section 20 Township 20S Range 30E , NMPM, EDDY County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Signature of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)Signature of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐

Address (Give address to which approved copy of this form is to be sent)

Well produces oil or liquids,
or location of tanks.

Unit E Sec. 20 Twp. 20S Rge. 30E

Is gas actually connected? When

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

DEPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Reperforated								
Stems (DF, RKB, RT, GR, etc.)								
Revisions								

Date Compl. Ready to Prod. _____ Total Depth _____ P.B.T.D. _____
Name of Producing Formation _____ Top Oil/Gas Pay _____ Tubing Depth _____
Depth Casing Shoe _____

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			<u>1st ID-3</u>
			<u>3-1-25</u>
			<u>1/2g. LT: PP</u>

TEST DATA AND REQUEST FOR ALLOWABLE
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)

Test New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Gas Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

AS WELL

Test Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (piston, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Michael J. Haring
(Signature)
VICE PRESIDENT
(Title)
2/25/85
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 27 1985, 19BY Leslie A. ClementsTITLE Supervisor District II

This form is to be filed in compliance with RULE 1102.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated 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 conditions.

Separate Form C-104 must be filed for each pool in multiple completed wells.