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

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

RECEIVED

JAN - 6 1991

O. C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Parker & Parsley Development Company	Well API No.
Address P.O. Box 3178, Midland, Texas 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Pardue Farms 26 Btry 2	Well No. 2	Pool Name, Including Formation East Loving Delaware	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter D : 760 Feet From The North Line and 990 Feet From The West Line Section 26 Township 23S Range 28E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Scurlock Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4648, Houston, TX. 77210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, TX. 79978					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 26	Twp. 23S	Rge. 28E	Is gas actually connected? Yes	When? 11/3/91

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
						X		X
Date Spudded	Date Compl. Ready to Prod. 10/29/91		Total Depth 7063'		P.B.T.D. 6240'			
Elevations (DF, RKB, RT, GR, etc.) 3022.5 GR	Name of Producing Formation Brushy Canyon		Top Oil/Gas Pay 6016'		Tubing Depth 6130'			
Perforations 6016', 20, 23, 27, 32, 6143', 50, 54, 60, 6212', 20, 25, 29 & 6232' (.5" entry)					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	370'	425 sx
12-1/4"	8-5/8"	2599'	1000 sx
7-7/8"	4-1/2"	6855'	850 sx

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 Tank 11/2/91	Date of Test 11/18/91	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 44	Water - Bbls. 80	Gas- MCF 143

GAS WELL

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

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature J. Michael Reeves
J. Michael Reeves District Manager
Printed Name Title
January 2, 1992 915-683-4768
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 23 1992

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.