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

## State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088

JAN 2 5 1992

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION OFFICE
TO TRANSPORT OIL AND MATURAL COMMENTATION OFFICE

1.		10 IR	ANSI	OHI OII	L AND NA	TUHAL G	ias				
Operator							Well	API No.			
Parker & Parsley	Develop	ment C	ompa	iny /						İ	
Address				•							
P.O. Box 3178, Mi		Texas	797	02							
Reason(s) for Filing (Check proper box)					Oth	et (Please exp	lain)				
New Well		Change in	n Trans	porter of:							
Recompletion X	Oil		Dry (	Gas 🖳							
Change in Operator	Casingher	nd Gas 🗌	Cond	ensate							
If change of operator give name											
and address of previous operator							···				
IL DESCRIPTION OF WELL	AND LE	ASE									
ease Name Well No. Pool Name, In					<del>-</del>			Kind of Lease		ease No.	
Pardue Farms 27	STRY	3	Ea	st Lovi	ng (Dela	ware)	State	, Federal or Fe	e		
Location	1.0	0.0				• .					
Unit Letter	:19	80	_ Feet i	From The $\frac{S}{L}$	outh Line	and	980 <u> </u>	eet From The	East	Line	
27	2.2	c			O.E.						
Section 27 Townsh	<sub>11</sub> 23	S	Range	<u> </u>	8E , NI	мРМ,	<u>.</u>	Eddy		County	
III. DESIGNATION OF TRAI				ND NATU							
Name of Authorized Transporter of Oil					Address (Give address to which approved copy of this form is to be sent)  P.O. Box 4648, Houston, TX. 77210						
Scurlock Permian Cor									77210		
Name of Authorized Transporter of Casis	-	$\square X$	or Dr	y Gas []	Address (Give address to which app P.O. Box 1492, E1 P						
El Paso Natural Gas		Cont	17-		<del></del>			<del></del>	79978		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp		Is gas actually	y connected?	Whe		2.1		
	J	27	<u>  235</u>		yes		L	12/13/9	11		
If this production is commingled with that	from any oth	er lease or	pool, g	ive comming	ing order numb	xer:		•			
IV. COMPLETION DATA		100 777 10			1		<del></del>				
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	: -	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	ni Ready to	Prod		Total Depth	L		I X	i	<u> </u>	
sau spassa	-	· -			•	550'		P.B.T.D.	62/01		
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation				Top Oil/Gas Pay			6248 Tubing Depth		
3044 GR	Brushy Canyon				6055'			6164'			
Perforations 6055', 57, 64,				2/4 5			2 n	Depth Casin		<del></del>	
6205, 13, 35, & 6244		, 07,	0119	, 24, J	0, 04, /	0, 74, 0	50 <b>,</b>				
0203, 13, 33, 4 0244		TIRING.	CAS	ING AND	CEMENTIN	NG RECOR	SD				
HOLE SIZE		SING & TU			<del>                                     </del>	DEPTH SET		-	SACKS CEM	ENT	
12-1/4"	24#			<u> </u>	494'			335 sks			
7-7/8"	10.5	& 11.			7550'			550 sks			
, ,, ,	10.3	<u> </u>	<u> </u>		7550					11' - 750 sks	
	<del> </del>									1215 sks	
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABLE	2	<u></u>			1 2.1	2007	1215 383	
OIL WELL (Test must be after					be equal to or	exceed top all	lowable for th	is depth or be	for full 24 hou	ars.)	
Date First New Oil Run To Tank	Date of Ter				Producing Me				Part	IP-2	
12-13-91	1-0	1-6-92			Р	umping			2.	7-92	
Length of Test		Tubing Pressure			Casing Pressure			Choke Size	PXA	-7-92 B5	
24 hrs									cem	n Oil	
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF	7	<i></i>	
		18				70		80			
GAS WELL											
ACTUAL Prod. Test - MCF/D	Length of	est			Bbis. Conden	sate/MMCF		Gravity of (	Condensate		
TOTAL TOTAL TOTAL TAILUTTE	Tentim or 1694				Bots. Concensus MUVICE			Gravity of Condensate			
Parties Mathed (sizes head on )	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
esting Method (pitot, back pr.)						( 10)					
	<u> </u>				ir						
VL OPERATOR CERTIFIC	ATE OF	COMP	LIA	NCE			NOEDV	'ATION	חווופור	NC	
I hereby certify that the rules and regul					11		40LNV	AHON	אוטועוני	J14	
Division have been complied with and that the information given above is true and complete to the best of my knowfedge and belief.								JAN o	1000		
is true and complete to the peak of my knowledge and better.					Date ApprovedJAN 3 1 1992						
Villa: U. III	$\supset \sim$ .	J				•				•	
- Wuran Dung					By ORIGINAL SIGNED BY						
J. Michael Reeves - District Manager					MIKE WILLIAMS						
Printed Name	<u> </u>		Title	<del></del>	Title			ISOR, DIS	TRICT I		
January 21, 1992		915 <b>–</b> 68	3-47	68	Hille.						
Date		Tele	phone !	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.