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RECEIVED

State of New Mexico
Energy, Minerals and Natural Resources Department

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

JUN 07 '89 OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Santa Fe		
File		
Transporter	Oil	
Operator	Gas	

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I. Operator Parker & Parsley Petroleum Company Well API No. _____

Address P. O. Box 3178, Midland, Texas 79702

Reason(s) for Filing (Check proper box) ☒ Other (Please explain) Commingle w/S. Culebra Bluff (Bone Spring)

New Well ☐ Change in Transporter of: ☐ Dry Gas ☐

Recompletion ☐ Oil ☐ Casinghead Gas ☐ Condensate ☐

Change in Operator ☐

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Pardue Farms 27 Btry /</u>	Well No. <u>4</u>	Pool Name, including Formation <u>Delaware (Brushy Canyon)</u>	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>P</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line	Section <u>27</u> Township <u>23-S</u> Range <u>28-E</u> , <u>NMPM</u> , <u>Eddy</u> 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"/>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1183, Houston, TX 77001</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1492, El Paso, TX 79978</u>
If well produces oil or liquids, give location of tanks.	Unit <u>H</u> Sec. <u>27</u> Twp. <u>23S</u> Rge. <u>28E</u> Is gas actually connected? <u>Yes</u> When? <u>9/26/81</u>

If this production is commingled with that from any other lease or pool, give commingling order number: R-8918

IV. COMPLETION DATA

Designate Type of Completion - (X)	<input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input type="checkbox"/> Diff Res'v		
Date Spudded <u>4-17-89</u>	Date Compl. Ready to Prod. <u>4-20-89</u>	Total Depth <u>7150'</u>	P.B.T.D. <u>7150'</u>
Elevations (DF, RKB, RT, GR, etc.) <u>3035' GL</u>	Name of Producing Formation <u>Brushy Canyon</u>	Top Oil/Gas Pay <u>6070'</u>	Tubing Depth <u>6431'</u>
Perforations <u>6070-6248</u>		Depth Casing Shoe <u>7300'</u>	

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>498</u>	<u>335</u> <u>Post ID-2</u>
<u>7 7/8"</u>	<u>4 1/2"</u>	<u>7300</u>	<u>3200</u> <u>6-16-89</u>
	<u>2 3/8"</u>	<u>6431</u>	<u>comp. + BK</u>

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 <u>4-20-89</u>	Date of Test <u>5-1-89</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	Choke Size
Length of Test <u>24 hrs</u>	Tubing Pressure <u>30-50 psig</u>	Casing Pressure <u>50 psig</u>	Gas- MCF <u>82</u>
Actual Prod. During Test <u>36 BO, 96 BW</u>	Oil - Bbls. <u>36</u>	Water - Bbls. <u>96</u>	

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 Randy R. Johnson Operations Engr.
Printed Name Randy R. Johnson Title
Date 6/6/89 Telephone No. 915 683 4768

OIL CONSERVATION DIVISION

Date Approved JUN 13 1989

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.