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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 U at Bottom of Page

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

## OIL CONSERVATION DIVISION JAN 10 '90 P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 000 Rio Brazos Rd., Azzec, NM 87410	REQL	JEST FO	OR A	LLO	WAB	LE AND A	UTH	ORIZ	ATHONA.						
•	TO TRANSPORT OIL A							L GAS	5	PI No.					
Operator Parker & Parsley Pet	Parker & Parsley Petroleum Company														
Address P. O. Box 3178, Mid.	land, ]	[exas					(D)								
Reason(s) for Filing (Check proper box)			_			U Other	(Pieas	e explaii	<b>1</b> .)						
New Well		Change in			f: 										
Recompletion X	Oil Cazinghea		Dry G												
Change in Operator															
f change of operator give name and address of previous operator			<u> </u>												
I. DESCRIPTION OF WELL A	Well No.   Pool Name, Includ						Of Proper	f Lease Fee Lease No.							
Pardue Farms 27	6	6	Lov	ing(	Dela	ware)Bru	ıshy	Cany	on						
Location N	187	4			West	<u>.</u>	_	766	TC.	set From The .	So	uth	L	ine	
Unit Letter	:		. Feet F	From Ti	he	Line	and			æt From The .					
Section 27 Township	238		Range	<u>e</u>	281	E , NM	IPM,	<u>F</u>	Eddy				Count	<u>y</u>	
III. DESIGNATION OF TRANS	SPORTE	R OF O	IL A	ND N	<u>ATUI</u>	RAL GAS				i come of this f	form is to	he ser	ut)		
Name of Authorized Transporter of Oil	X or Condensate					Maria (Corre	e <i>addres</i> 183.	s <i>to whi</i> Hous	ston, T	approved copy of this form is to be sent) on, Texas 77001					
Permian Corporation	X	X or Dry Gas				Address (Give address to which approved									
Name of Authorized Transporter of Casing El Paso Natural Gas	nead Gas Compa	וע וט	-		Box 1492, El Pa										
If well produces oil or liquids,	Unit	Sec.	Twp.		-	is gas actually			When						
give location of tanks.	N	27	238		28E_		Yes			1981					
If this production is commingled with that f	rom any ot	her lease or	pool, g	give con	uunug)	ing omer numb	ET:								
IV. COMPLETION DATA	<del></del>	Oil Wel		Gas W	Vell	New Well	Work	over	Deepen	Plug Back	Same F	les'v	Diff Re	es'v	
Designate Type of Completion	- (X)	I X	. ¦	045 **	•••					<u> </u>	<u></u>		$\perp \Delta$		
Date Spudded	Date Com	pl. Ready to	o Prod.			Total Depth				P.B.T.D. 6287	, 1				
12-15-89	12-18-89					7315 ' Top Oil/Gas Pay				Tubing Depth					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						5900'		6144'							
3060 GL Brushy Canyon						3300				Depth Casing Shoe					
Perforations 5900-6282' (39 holes	z)														
TUBING. CASIN					AND	CEMENTI	NG RI	ECOR	D			0511			
HOLE SIZE		CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT  335 Post ID-2				
12 1/4"	8 5/8",24#, J-55,S					490'						TASA			
7 7/8"	4 1/2",11.6#,J-55,LT&				LT&C	71	4480 1-19-90								
4 1/2",10.5#,J-55,ST					ST&C	<u> </u>		Comp. Wet.							
	2 3	¥"				<u>le</u>	144	<u>- `</u>							
V. TEST DATA AND REQUES OIL WELL (Test must be after r	T FOR	ALLOW	ABL	E	- d to	he equal to or	exceed	top allo	wable for th	is depth or be	for full :	24 hou	rs.)		
	ecovery of	total volume	of loa	a ou ar	a musi	Producing Me	ethod (F	low, pu	mp, gas lift,	esc.)					
rate First New Oil Run To Tank Date of Test						Pump		·	-						
12-27-89	12-29-89					Casing Press				Choke Size	Choke Size				
Length of Test	Tubing Pressure					5 (			Gas- MCF						
24 hrs.	Oil - Bbl	50#					Water - Bbis.								
Actual Prod. During Test 157 TF	On - Box	18 				139	9			55					
GAS WELL						Dhia Canda	sale/M	MCF		Gravity of	Conden	sate			
Actual Prod. Test - MCF/D	Length of Test					Bbls. Condensate/MMCF									
	Tubing P	ressure (Sh	ut-in)			Casing Press	ure (Sh	ut-in)		Choke Sız	Choke Size				
Testing Method (pilot, back pr.)	lubing r	SERRITE (20)	ш,												
	A TE O	E COM	DI I A	NICI	 F	<u> </u>					ייםו	1016	<b>581</b>		
VI. OPERATOR CERTIFIC	AIEU	F COM		711C1				CON	12FH	/ATION	אוטוי	1210	אוכ		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above							JAN 1 5 1990								
Division have been compiled with and that the into matter growth is true and complete to the best of my knowledge and belief.							a Apr	orove	d	JAN I	2 190	<u>~</u>			
7 Mr. 1 11															
(Michael Rems						By ORIGINAL S									
Strature Michael Reeves						MIKE WILLIAMS SUPERVISOR, DISTRI						T 19			
Printed Name 915 683 4768					Title				-,001, 01			-			
1-8-90			elephon												
Date			elebrico.	± 1 <b>√</b> 0.											

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
- 2) All sections of this form must be filled out for allowable on new and recompleted wells. with Rule 111.
- 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.