1									CIST	
Submit 5 Copies			State of Ne	w Mexico ral Resources Department				Form C- Revised	1-1-89 1 1	
Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240							ECEIVED	See Instr	uctions (
DISTRICT II	C	OIL CO	NSERVA P.O. Bo		01VISIO	N			νp	
P.O. Drawer DD, Artesia, NM 88210		Santa	Fe, New Me		4-2088	F	EB 17 '89			
DISTRICT III 1000 Rio Brazos Rd., Azec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION C. C. D.										
I. TO TRANSPORT OIL AND NATURAL GAS										
Operator Parker & Parsley Pet	roleum (Company					-015-2603	6		
Address P. O. Box 3178, Midl										
Reason(s) for Filing (Check proper box)				Othe	er (Please expla	un)				
New Well Change in Transporter of:										
Recompletion Oil Dry Gas Change in Operator Casinghead Gas Condensate										
If change of operator give name										
and address of previous operator										
II. DESCRIPTION OF WELL AND LEASE Verse Name Well No. Pool Name, Includin						-	of Lease Fee			
Lease Name Pardue Farms 27	7 - Delaware			-(Brushy Canyon)- State, F			Federal or Fee			
Location	FC			~		5 (0	. r m	East	Line	
Unit LetterA	:56	0 Fe	et From The $\frac{N_0}{2}$		e and	<u> </u>	et From The		Lane	
Section 27 Township	<u>23</u> –	S Ra	nge <u>28-E</u>	, N	MPM,		Eddy		County	
III. DESIGNATION OF TRANS	SPORTER	OF OIL	AND NATU	RAL GAS						
Name of Authonzed Transporter of Oil Permian	Dil or Condensate				e address to wh Box 1183	, Houst	<i>copy of this form</i> on, Texas	n is to be ser 7700:	u) L	
Name of Authonized Transporter of Casinghead Gas X or Dry Ga				Address (Give address to which approved copy of this						
El Paso Natural Gas	Company			P. O. Box 1384, Ja1, 1 Is gas actually connected? When				<u>o 882:</u>	<u>32</u>	
If well produces oil or liquids, give location of tanks.	Unit : B		7 p. Kge. 3S 28E	Yes			<u>-20-89</u>			
If this production is commingled with that f		r lease or poo		ing order num	ber:					
IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sa	ame Res'v	Diff Res'v	
Designate Type of Completion		X	İ	x	İ				L	
Date Spudded	Date Compl. Ready to Prod.			Total Depth 7508	27		P.B.T.D. 6260	CIBP		
12-14-88 Elevations (DF, RKB, RT, GR, etc.)	1-16-89 Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
3036.1 GL, 3047.1 KB	Brushy Canyon			4757 6110			6004' Depth Casing Shoe			
Perforations 6040'-6251' (9 holes)								7508'		
<u>6040 -6231</u> (9 11018	Т			CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET				SACKS CEMENT		
<u>12 3/4''</u> 7 7/8''	<u>8 5/8''</u> 5 1/2''			7508'				900' out FD-2		
/ //0								<u></u>	7-89	
V. TEST DATA AND REQUES	T FOR A	278 LLOWAB	LE		6004		<u></u>	_ comp	+ BK	
OIL WELL (Test must be after r	ecovery of Iol	al volume of l	oad oil and must	be equal to or	exceed top allo	owable for the	s depth or be for	full 24 hour	<u>s.)</u>	
Date First New Oil Run To Tank 1-16-89	Date of Test 2-13-89			Producing Method (Flow, pump, gas lift, et Flowing						
Length of Test	Tubing Pressure			Casing Pressure			Choke Size 48/64			
24 hrs. Actual Prod. During Test	160 Oil - Bbls.			Water - Bbls.			Gas- MCF			
472 bbls/fluid	121			351			340			
GAS WELL			<u> </u>	Bbls. Conder	sate/MMCF		Gravity of Cor	densate		
Actual Prod. Test - MCF/D Length of Test										
Testing Method (pitot, back pr.)	Tubing Pres	sure (Shut-in)		Casing Press	ure (Shut-in)		Choke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE					OIL CONSERVATION DIVISION					
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.				Date Approved			MAR 3	MAR 3 0 1989		
Rarch R. Johnson										
Signature Operationa Engr				^{By} _	By Original Signed By Mike Williams					
<u>Randy R. Johnson</u> Printed Name 2-15-89	915 683-4768			Title						
2-15-89 Date	ATO 09.	Teleph	me No.							
Lat				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.

All sections of this form must be filled out for allowable on new and recompleted wells.
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.