

Subunit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1990, Hobbs, NM 88240

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

DISTRICT III  
1000 Rio Rancho 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

DEC 18 90

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

ARRESTA OFFICE

|                                                                                                                                                                                                                                                                                                                                                                                                                      |  |              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------|
| Operator<br>Parker & Parsley Petroleum Company                                                                                                                                                                                                                                                                                                                                                                       |  | Well APN No. |
| Address<br>P. O. Box 3178, Midland, TX 79702                                                                                                                                                                                                                                                                                                                                                                         |  |              |
| Reason(s) for Filing (Check proper box)<br>New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain)<br>Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Effective 1-1-91<br>Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/> |  |              |
| If change of operator give name and address of previous operator                                                                                                                                                                                                                                                                                                                                                     |  |              |

### II. DESCRIPTION OF WELL AND LEASE

|                                                                                                                                                   |               |                                                                    |                                        |             |                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------|----------------------------------------|-------------|---------------------|
| Lease Name<br>SRC State                                                                                                                           | Well No.<br>1 | Pool Name, including Formation<br><del>Wolfcamp</del> Gas Wolfcamp | Kind of Lease<br>State, Federal or Fee | St.<br>Eddy | Lease No.<br>L-4956 |
| Location<br>Unit Letter 0 : 660 Feet From The South Line and 1990 Feet From The East Line<br>Section 16 Township 26S Range 30E, NMPM, Eddy County |               |                                                                    |                                        |             |                     |

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                          |                                                                                                                 |         |          |          |                                |            |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|---------|----------|----------|--------------------------------|------------|
| Name of Authorized Transporter of Oil or Condensate<br>Navajo Refining Co. Pipeline Div. | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Drawer 159, Artesia, NM 88210 |         |          |          |                                |            |
| Name of Authorized Transporter of Casinghead Gas or Dry Gas<br>El Paso Natural Gas Co.   | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 1492, El Paso, TX 79978   |         |          |          |                                |            |
| If well produces oil or liquids, give location of tanks.                                 | Unit 0                                                                                                          | Sec. 16 | Twp. 26S | Rgn. 30E | Is gas actually connected? Yes | When? 5-81 |

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 |
| Date Spudded                       | Date Compl. Ready to Prod.  |          | Total Depth     |          |        | P.B.T.D.          |            |            |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation |          | Top Oil/Gas Pay |          |        | Tubing Depth      |            |            |
| Perforations                       |                             |          |                 |          |        | Depth Casing Shoe |            |            |

### TUBING, CASING AND CEMENTING RECORD

|           |                      |           |              |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|           |                      |           | Post FD-3    |
|           |                      |           | 12-28-90     |
|           |                      |           | chg LT: Imp  |

### 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 | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                 | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test       | Oil - Bbls.     | Water - Bbls.                                 | Gas - MCF  |

### 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  
Virginia Carter  
Printed Name  
12-17-90  
Date  
915 686 4827  
Telephone No.

Proration Analyst  
Title

### OIL CONSERVATION DIVISION

Date Approved DEC 27 1990  
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.