

DISTRICT I
P.O. Box 1900, Hobbs, NM 88240

DISTRICT II
P.O. Denver DC, Arado, NM 88210

DISTRICT III
1000 Rio Santos Rd., Abaco, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Revised 1-1-89
See instructions
at Bottom of Page

RECEIVED

FEB - 7 1991

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.

I.

Operator Parker & Parsley Development Company		WORKING OFFICE
Address P. O. Box 3178, Midland, Texas 79702		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Crudehead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator Parker & Parsley Petroleum Company		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Flower Draw Unit	Well No. 2	Pool Name, including Formation Red Bluff Delaware (Gas)	Kind of Lease ST. State, Federal or Fee	Lease No. L-7017
Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>2110</u> Feet From The <u>East</u> Line Section <u>2</u> Township <u>26-S</u> Range <u>28-E</u> <u>NMPL</u> Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Permian Corporation Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Crudehead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Company Box 1492, El Paso, Texas 79978
If well produces oil or liquids, give location of tanks.	Unit <u>G</u> Sec. <u>2</u> Top. <u>26-S</u> Rgn. <u>28-E</u> Is gas actually connected? <u>No</u> When?

If the 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.		
Deviation (DP, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Fry			Tubing Depth		
Performance							Depth Casing Shoe	
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of lead oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Ran To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size <u>4-5-91</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF <u>Chg OP</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Sbut-in)	Casing Pressure (Sbut-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.

Virginia Carter
Signature
Virginia Carter Proration Analyst
Date 2-5-91 Title 915 683 4768
Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 2 1991
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.