110. OF COPIES RECE	IVED	1	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR		1	
		1	1

June 25-1990

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110 Elfoctivo 1-1-85

j			AND			
	U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GA	\$		
	LAND OFFICE					
	THANSPORTER OIL					
	GAS	·				
	OPERATOR		API #30-043-20675			
1.	PRORATION OFFICE		API #30-043-20075			
	_ •	· • • • • • • • • • • • • • • • • • • •				
	PARKO INC.	Address				
	P.O. Box 75 Counse	lor, New Mexico 970	18			
	Reason(s) for liling (Check proper box)		Other (Please explain)			
	New Well	Change in Transporter of:	- I - Trong our Bu	. Change only		
	Recompletion	OII Dry Gas	The Control of the Control	J I		
	Change In Ownership	Casinghead Gas X Condense				
				Tulsa		
	If change of ownership give name and address of previous owner	S.I.O.	401 s. Boston Suite	2310 OK 74103		
11.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including For	mation Kind of Lease	Legse No.		
			والمستوار	"F** Federal NM28741		
	Lucation	3 Lybrook Ga	rtup			
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Feet From The FSL Line	and 2090 Feet From Th	• FWI.		
	Unit Letter N : 661	reet from the _F-GII				
	Line of Section 2 9 Tov	mahip 23N Range 6W	, NMFM, Sandova	al County		
		•				
111.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	Address (Give address to which approve	d copy of this form is to be sent)		
	Kaine of Manual Park					
			Farmington, New Mexico Address (Give address to which approved copy of this form is to be sent)			
	Name of Authorized Transporter of Casinghead Gas X or Dry Gas A		_			
		Unit Sec. Twp. P.ge.	Farmington, New Mex			
	If well produces oil or liquida,	· · · · · · · · · · · · · · · · · · ·	Yes De	8-1-90		
	<u> </u>					
	this production is commingled with that from any other lease or pool, give commingling order number:					
1 V	. COMPLETION DATA		New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.		
	Designate Type of Completi	on = (X)		1		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	<u> </u>		•			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Otl/Gas Pay	Tubing Depth		
				Depth Casing Shos		
	Perforations			S. p Gasting Silver		
		TUBING CASING AND	CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
		<u> </u>	Ì	1		
1	TEST DATA AND REQUEST FOR ALLOWABLE. (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)					
	OH, WELL Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, ed.	R.C. S. W. F.		
	Length of Test	Tubing Pressure		Choke Size 0 1000		
)		้วันหั้2 9 1990		
	Actual Prod. During Teet	Oil-Bble.	AUG 0'6 1990 (THE WAY		
			MOG 0 0 1330	JIL COIN. DIV.		
		Ω	NL CON. DIV.	P151. 3		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbi DSS - MMCF	Gravity of Gondeneate		
	Actual Float Foot Mol/S	Length of Teat	BBIT MODES OF THE PROPERTY OF	1012 9 1993		
	Teeting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
				I MI CON. DI		
1	I. CERTIFICATE OF COMPLIA	NCF	OU CONSERVA	TION COMMISSION 3		
•	· CONTROL OF COMEDIANCE		OIL CONSERVATION COMMISSIGNATE 3			
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVEDJUL	9 1990		
	Commission have been complied	with and that the information given		•		
	moove is true and complete to	the best of my knowledge and belief.	BY Build (<i>1)</i>		
	r.7		11 TTT 15	4		
	12. 1. 2.		SUPERVISOR DISTRICT AND THE form is to be filed in compilance with RULE 1104.			
	They n. me Cours		If this is a request for allowable for a newly drilled or deepend			
		gnature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111.			
	<u> Vice President</u>	•		uet be filled out completely for allow		

able on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.