

OIL CONSERVATION DIVISION

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

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Parker and Parsley Development Company	Well API No. 30-039-24857
Address c/o A. R. Kendrick, Box 516, Aztec, New Mexico 87410	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" 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"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator <u>Parker and Parsley Petroleum Company, C/o A. R. Kendrick, Aztec, NM</u>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Rosa Unit	Well No. 285	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Free XXXX	Lease No. SF-078891
Location Unit Letter <u>H</u> : <u>1670</u> Feet From The <u>North</u> Line and <u>300</u> Feet From The <u>East</u> Line Section <u>3</u> Township <u>31 N</u> Range <u>4 W</u> , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead 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)	
Associated Natural Gas, Inc.	Box 5493, Denver, CO 80217, Attn: Mr. Knipp	
If well produces oil or liquids, give location of tanks.	Unit <u>H</u>	Sec. <u>3</u>
	Twp. <u>31</u>	Rge. <u>4</u>
	Is gas actually connected? No	
	When ?	

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
		X	X					
Date Spudded 8/26/90	Date Compl. Ready to Prod. 9/19/90		Total Depth 4230'		P.B.T.D. 4197'			
Elevations (DF, RKB, RT, GR, etc.) 7165' GL	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 4063'		Tubing Depth 4118'			
Perforations 4063'-66', 4073'-82', 4092'-99', 4103'-12'					Depth Casing Shoe 4229'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		364'		220 SX (260 CuFt)			
7-7/8"	5-1/2"		4229'		1st: 150 Sx (224 CuFt)			
	2-7/8"		4118'		2nd: 1000 Sx (1603 CuFt)			
	2-7/8"		4118'					

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 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		CHOKE SIZE JUL 6 1993
		GAS-MCF OIL CON. DIV.
		DIST. 3

GAS WELL

Actual Prod. Test - MCF/D 2700	Length of Test 1 Hr	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (Shut-in) 1080	Casing Pressure (Shut-in) 1080	Choke Size 3/4"

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.

A. R. Kendrick
Signature
A. R. Kendrick Agent
Printed Name
JUL 6 1993 Date
(505) 334-2555 Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 6 1993
By Barry Shum
SUPERVISOR DISTRICT #3
Title

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.