Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Drawer DD, Artenia, NM 88210		Box 2088	AUG 24'90
DISTRICT III	Santa Fe, New	Mexico 87504-2088	100 2 50
1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWA	ABLE AND AUTHORIZATIO	N OLC. D.
I. Operator	TO TRANSPORT C	OIL AND NATURAL GAS	ARTISON CERTICE
Morexco, Inc.			ell API No.
Address			
Reason(s) for Filing (Check proper box)	481, Artesia, New M	Mexico 88211-0481	
New Well	Change in Transporter of:	Other (Please explain)	
Recompletion	Oil Dry Gas	Change of Oper Effective Augu	ator st 1. 1990
Change in Operator	Casinghead Gas Condensate	I .	
and address of previous operator	phy Operating Corpor	ation, P. O. Drawer	2648, Roswell, NM
IL DESCRIPTION OF WELL	AND LEASE	· · · · · · · · · · · · · · · · · · ·	
Lesse Name Parke	Well No. Pool Name, Incl.		nd of Lease Lease No.
Location	5 Squar	e Lake-GR-SA Su	LC-029020J
Unit LetterG	:1874 Feet From The _	N Line and1874	Feet From TheE
Section 3 Towns	hip 17S Range	30E , NMPM,	Eddy County
III. DESIGNATION OF TRA	NSPORTER OF OIL AND NAT	URAL GAS	
1 arrest or sentitorized 11stisbours, of Off	or Condensate	Address (Give address to which appro-	ved copy of this form is to be sent)
Navajo Refining Company Pipeline P. O. Box 159, Artesia, NM 88210 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)		tesia, NM 88210	
			rea copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.			nen ?
If this production is commingled with that	A 3 17S 30E I from any other lease or pool, give commin	NO Ingling order number	
IV. COMPLETION DATA			
Designate Type of Completion	Oil Well Gas Well	New Well Workover Deeper	Plug Back Same Res'v Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	
Flameiras (DF DKD DE GD			P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	arne of Producing Formation Top Oil/Gas Pay Tubing Depth	
Perforations			Depth Casing Shoe
			Depar Casing Stoce
HOLE SIZE	TUBING, CASING ANI CASING & TUBING SIZE	D CEMENTING RECORD	
THE OIL	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			
V. TEST DATA AND REQUE	ST FOR ALLOWABLE	<u> </u>	
OIL WELL (Test must be after to Date First New Oil Run To Tank	recovery of total volume of load oil and mu	us be equal to or exceed top allowable for t	his depth or be for full 24 hours.)
Not to lank	Date of Test Producing Method (Flow, pump, gas lift, etc.)		. etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size Pasted ID- Gas-MCF Chy OP
Actual Prod. During Test	0" 2"		9-14-90
Town Tive During 1650	Oil - Bbls.	Water - Bbls.	Gas-MCF
GAS WELL		<u> </u>	Lang Ot
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	
Toring March 1			Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VL OPERATOR CERTIFIC	'ATE OF COMPLIANCE		
I hereby certify that the rules and regulations of the Oil Conservation		OIL CONSERVATION DIVISION	
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	SEP 1 4 1990
Rebucea Dickson		ByORIGINAL SIGNED BY	
Rebecca Dickson Production Analyst		MIKE WILLIAMS	
Printed Name	Title	Title SUPERVISOR, DISTRICT IT	
August 24, 1990 Date	(505) 746-6520 Telephone No.	THE SUPERIADOR STATES	
	p	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.
- 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 change of annual III.