ERGY AND MINEDALS DEPARTMENT

OIL CONSERVATION DIVISION

FILE		OX 70HB W MEXICO 07501	
U 5.0.1.	REQUEST FO	DR ALLOWABLE	
AND OFFICIATION AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
Charation OFFICE			
Southland Royal	ty Company 🗸		
21 Desta Drive,		10.1	
Reason(s) for liling (Check proper New Well	Change in Transporter of:	Other (Please explain)
Recompletion Change in Ownership	Controlled Gan Conde	os	
If change of ownership give name and address of previous owner	·	·	
DESCRIPTION OF WELL AS	ND LEASE		
Dale H. Parke "A" Tr.	heil No. Pool Name, Including ! 1 13 Grayburg-Jack		Lease Lease Helderal NM-0384575
Location			,
Unit Letter K ::	2260 Feet From The South LI		From The West
Line of Section 15	Township 17S Range	30E , NMPM, Edd	County
DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL GA		approved copy of this form is to be sent)
Texas-New Mexico Pipeline Company Box 1510, Midland, Texas 79702			Texas 79702
Continental Oil Company Address (Give address to which approved copy of this form is to be seen to			
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. K 15 17S 30E	Is gas octually connected?	1 3/14/83
L <u>.</u>	with that from any other lease or pool,	give commingling order number	:
Designate Type of Comple	Oil Well Gas Well	New Well Workover Deepe	en Piug Bock Same Resty, Diff, ises
Designate Type of Comple	Date Compl. Regdy to Prod.	XX ! Total Depth	P.E.T.D.
2-4-83	3-14-83	3550'	3545'
3688.8 GR	Grayburg-San Andres	2573'	Tubing Depth 34291
Perforations 2573-3526' (OA)			Depth Casing Shoe
		CEMENTING RECORD	SACKS CEMENT
12 1/4"	CASING & TUBING SIZE	DEPTH SET	750 sx.
7 7/8"	5 1/2"	3550'	2000 sx.
	2 7/8"	3429'	
TEST DATA AND REQUEST		fer recovery of total volume of loo pth or be for full 24 hours)	d oil and must be equal to or exceed tog ails
Date First New Oil Run To Tanks 3-14-83	Date of Test 3-22-83	Producing Method (Fiew, pump,)	Cholo Size LM
Length of Test	Tubing Preseure	Pump Casing Pressure	Chole Size MM
24 hrs	OII-Bbis.	Wate: - Bbls.	Gos-MCF
35 BO	35	215	31 \(\frac{1}{2}\)
GAS WELL	•		
Actual Fred. Tool-MCF/D	Length of Test	Bbls. Condensets/MMCF	Gravity of Condensate
Testing kiethod (picot, back pr.)	Tubing Pressure (Shut-in)	Cusing Pressure (Shut-in)	Chor* Size
CERTIFICATE OF COMPLIA	NCE	1	VATION DIVISION
hereby certify that the rules and regulations of the Oil Conservation pivision have been compiled with and that the information given bove is true and complete to the best of my knowledge and belief.		APPROVED MAR 3 1 1983	
		Original Signed By Leslie A. Clements	
		TITLE Supervisor	District II
(Signature)		This form is to be filed in compilance with fittle 1100.	
		If this is a request for allowable for a newly drilled or deepend well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with NULE 111.	
District Operations Engineer		All anctions of this for	n must be filled out completely for allo-
3/23/83		able on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of own-	

(Dute)

well name or number, or transporter, or other such thenge of conditi-

Separate Forms C-104 must be filed for each pool in molth a construct wells.