

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
REG. S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PERMITS OFFICE	

Operator

Parker &amp; Parsley Petroleum Company

Address

P.O. Box 3178, Midland, TX 79702

Reason(s) for filing (Check proper box)

New Well

☐

Change in Transporter of:

Recompletion

☐

Oil

☐

Dry Gas

☐

Change in Ownership

☒

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

Change effective July 1, 1986

If change of ownership give name  
and address of previous owner

HCW Exploration, Inc., P.O. Box 10585, Midland, TX 79702

## 1. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Wright	1-Y	Flying "M" San Andres	State, Federal or Fee Fee	
Location				
Unit Letter	I	1880 Feet From The	South Line and	660 Feet From The
Line of Section	30	T. Township	9-S	Range
			33-E	NMPM, Lea County

## 2. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Lantern Petroleum Corporation	P.O. Box 2281, Midland, TX 79702
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum Company	Tulsa, Oklahoma 74102
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
I 30 9-S 33-E	Yes 9-20-79

If this production is commingled with that from any other lease or pool, give commingling order number:

## 3. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

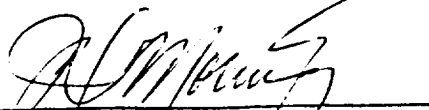
TEST DATA AND REQUEST FOR ALLOWABLE  
OIL WELL(Test must be after recovery of total volume of load oil and must be equal to or exceed top all-  
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prod, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

## 4. 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.  
(Signature)  
Vice-President, Operations  
(Title)June 16, 1986  
(Date)

## OIL CONSERVATION DIVISION

APPROVED DEC 8 1986, 19BY ORIGINAL SIGNED BY JERRY SEBORN  
DISTRICT I SUPERVISOR

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen  
well, this form must be accompanied by a tabulation of the deviat  
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allo  
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of own  
well name or number, or transporter, or other such change of conditiSeparate Forms C-104 must be filed for each pool in multi  
completed wells.

RECEIVED  
JUN 20 1986  
O.C.P.  
HCBES OFFICE