

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Parker & Parsley Petroleum Company Well API No. _____

Address P. O. Box 3178, Midland, TX 79702 ☐ Other (Please explain)

Reason(s) for Filing (Check proper box)

New Well ☐ Change in Transporter of: ☐ Oil ☒ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Operator ☐

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

| Lease Name | Well No. | Pool Name, including Formation | Kind of Lease State, Federal or Fee | Fee | Lease No. |
|------------|----------|--------------------------------|--|-----|-----------|
| Griffin | 2 | Chaveroo (San Andres) | | | |

Location Unit Letter F 2030 Feet From The North Line and 1980 Feet From The West Line

Section 10 Township 8-S Range 32-E, NMPM, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
J. M. Petroleum Corporation Address (Give address to which approved copy of this form is to be sent)
2323 Bryan, Lockbox #185, Dallas, TX 75201

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Oxy NGI Inc. Address (Give address to which approved copy of this form is to be sent)
P. O. Box 300, Tulsa, OK 74102

Elites Service Oil & Gas Corp.

| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When? |
|--|------|------|------|------|----------------------------|----------|
| | B | 10 | 8-S | 32-E | Yes | 10-23-83 |

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 |
|------------------------------------|----------|----------|----------|----------|--------|-----------|------------|------------|
| | | | | | | | | |

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 |
|-----------|----------------------|-----------|--------------|
| | | | |
| | | | |
| | | | |

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 be 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 |
| | | 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 (puot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
| | | | |

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.

Signature Virginia Carter Prod. Analyst
Printed Name Virginia Carter Title
8-1-89 915 684 4827
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 14 1989

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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.