

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 RECEIVED	
DISTRIBUTION	
SANTA FE FILE	
U. S. O. S.	
LAND OFFICE	
TRANSPORTER	OIL <input type="checkbox"/> GAS <input type="checkbox"/>
OPERATOR	
PRODUCTION OFFICE	

I. OPERATOR

**John R. Parish**

Address  
**e/o Oil Reports & Gas Services, Inc. Box 763, Hobbs, NM 88240**

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	<b>Effective 12/1/81</b>	
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
Change in Ownership <input checked="" type="checkbox"/>			

If change of ownership give name and address of previous owner: **Ernest W. Thornton & John R. Parish, Box 763, Hobbs, NM 88240**

II. DESCRIPTION OF WELL AND LEASE E-1384-1

Lease Name <b>New Mexico "M"</b>	Well No. <b>1</b>	Pool Name, including Formation <b>South Denton Wolfcamp</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease to <b>Above</b>
Location				
Unit Letter <b>L</b>	<b>1980</b>	Feet From The <b>South</b> Line and <b>660</b>	Feet From The <b>West</b>	
Line of Section <b>36</b>	Township <b>15 S</b>	Range <b>37 E</b>	County <b>Lea</b>	State

III. 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)
<b>Shell Pipeline Corporation</b>	<b>P O Box 1910, Midland, Texas 79701</b>
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)
<b>Tipperary Resources Corporation</b>	<b>500 W. Illinois, Midland, Texas 79701</b>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <b>L</b> Sec. <b>3</b> Twp. <b>15S</b> Rge. <b>37E</b>	<b>Yes</b> <b>5/1/70</b>

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 as last	PHH, etc.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RAB, 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 of well 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/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (lb/in <sup>2</sup> )	Casing Pressure (lb/in <sup>2</sup> )	Choke Size

VI. 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.

ORIG. SIGNED BY: **DONNA HOLLER**  
(Signature)  
**Agent**

**12/8/81**  
(Date)

OIL CONSERVATION DIVISION  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY **Jerry Saxon**  
TITLE **Dist. L. Supv.**

This form is to be filed in compliance with NMAC 10.1.1.1. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with rule 10.1.1.1. All sections of this form must be filled out completely for all wells on new and recompleted wells. PHH but only sections I, II, III, and VI for change of ownership, name of number, or transporter or other such change of conditions. Form C-104 must be filed for each pool in multi-