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

State of New Mexico 

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

Well API No.

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Parker & Parsley Do		Well API No. 3002526350										
Address	3002520330											
P.O. Box 3178, Mid	land, Te	xas 7	9702	2								İ
Reason(s) for Filing (Check proper box)					Od	her (Please expl	lain)					
New Well		Change in	•	_								ł
Recompletion	Oil	<u>_</u>	,	_								}
Change in Operator X	Casingher	ıd Gas	Conc	densate 📋								
If change of operator give name and address of previous operator	Damson O	il Cor	pora	ation, 3	300 N.	"A", Bldg	g. 8, 1	Mi	dland,	TX. 797	705	
II. DESCRIPTION OF WELI	L AND LE		,							<b></b>		
Lease Name		Well No. Pool Name, Includi			<u> </u>			Kind of Lease State) Federal or Fee		<u> </u>	Lease No.	
Morton Solid State Unit		1 1		Ires Pap	alotes Penn			333774474		L-48	L-4800	
Location	2	160	_	_	NI .	ac	90			W		ŀ
Unit LetterE	;	100	_ Feet	From The	Lir	ne and99		Fe	et From The		Lir	1E
Section 4 Towns	hip 15S		Rang	<b>se</b> 34	E ,N	IMPM,	Lea	a			County	
III. DESIGNATION OF TRA	NSPORTE			ND NATU						<del> </del>		
Name of Authorized Transporter of Oil	$\square$	or Conde	nsate		Address (Give address to which approved copy of this form is to be sent)							ned.
Pride Pipeline		<del></del>	D		3223 S. Loop 289, Suite Address (Give address to which approved							
Name of Authorized Transporter of Cas	or Dry Gas			· •			565, Houston, TX. 7			-		
Warren Petroleum Co  If well produces oil or liquids,	/ Unit	Sec.	Twp.	. Rge.		gas actually connected?		en		on, in.	77002	
give location of tanks.	E	4	158	1	Yes	-	i '''		2/80			
If this production is commingled with the	t from any oth	er lease or	-		ling order num	iber:			••••			
IV. COMPLETION DATA												
Designate Time of Completion	. (70)	Oil Well	ı İ	Gas Well	New Well	Workover	Deeper	.	Plug Back	Same Res'v	Diff Res'v	<i>'</i>
Designate Type of Completion		-l Poodu te	Bond		Total Depth	<u> </u>	L	┙	1	L		$\dashv$
Date Spudded	Date Com	te Compl. Ready to Prod.							P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	roducing Fo	ormatic		Top Oil/Gas Pay				Tubing Depth				
Perforations		-							Depth Casir	ng Shoe		
				·								
				CEMENTING RECORD				1				
HOLE SIZE	SING & TU	JBING	SIZE	DEPTH SET			SACKS CEMENT					
		<del> </del>			<del> </del>							
	<del>-  </del>			<del></del>								$\dashv$
											<del></del>	
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABLI	E	•				<u>*</u>			
OIL WELL (Test must be after	recovery of to	sal volume	of load	d oil and must	be equal to or	exceed top allo	owable for	this	depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Te	st			Producing M	ethod (Flow, pu	ımp, gas lij	t, el	Ic.)			
I and of Tax				Cosina Program				Choke Size				
Length of Test	ssure			Casing Pressure			Choke Size					
Actual Prod. During Test				Water - Bbis.			Gas- MCF	·				
•												
GAS WELL					•				•			
Actual Prod. Test - MCF/D	Length of	Test			Bbis. Conden	sate/MMCF			Gravity of C	Condensate		
Testing Method (pitot, back pr.)	saure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			$\neg$		
					<u>ــــــــــــــــــــــــــــــــــــ</u>							
VI. OPERATOR CERTIFIC	CATE OF	COMP	LIA	NCE			10ED	, ,	TION	DN 4016		
I hereby certify that the rules and regu						DIL CON	19EH					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.									MAR Z	9 188 1		
is the time complete to the ocal of my		n oun.			Date	<b>Approve</b>	d		1411 (1 4	~		
Jan 1	In-								Saye see the	CONTON		
Signature /	.11			2 1	By_	ORI 3:M	AL TE		THE PARTY			
LANNY K. BOTE	en III	<u> 1. Opi</u>	<u> 1.U</u>	cety.			in the second	-	ing garage Section (1994) to the section (1			
Printed Name	910	-683-4	Title	$\triangleright$	Title							
Date	//3	Teles	nhone	No.								•

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
- 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.