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

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	ned	TOTRA	NSPORT C	IL AND NA	ATURAL G	AS				
Operator							API No.			
Parker & Parsley Pe	troleum	Compan	у							
Adaress										
P. O. Box 3178, Mid1a		tas 79	702		, , , , , , , , , , , , , , , , , , ,	,				
Reason(s) for Filing (Check proper box)		Gi-	T	_ 0	her (Please exp	(aun)				
New Well	Oil	Change in	Transporter of: Dry Gas							
Recompletion	Casinghe	ad Gas	Condensate							
If change of country give name										
and address of previous operator	1CW Expl	<u>oratio</u>	n, Inc., P	. 0. Box	10585	Midland	, Texas	<u> 79702</u>		
II. DESCRIPTION OF WELL	AND LE	ASE								
Lease Name	Well No. Pool Name, Incit							of Lease Fee Lease No.		
E. F. King		2	Langlie M	attix 7	<u>Rivers Q</u>	ueen - C	, recent or r			
Location								_		
Unit LetterI	: <u>231</u>	0	Feet From The _	South L	ne and99	<u>0</u> F	eet From The	East	Line	
Section 12 Townsh	un 23-S		Range 36-E	N 1	IMPM.		Lea		County	
Section 12 Townsh	<u> </u>		Range 36-E	, N	MIFINI,		Lea		COUNTY	
III. DESIGNATION OF TRAI	NSPORTE	R OF OI	L AND NATU	JRAL GAS					_	
Name of Authorized Transporter of Oil	—X,	or Condens		Address (Gi	ve address 10 wi	hich approve	d copy of this	jorm is to be :	sent)	
Texas-New Mexico Pip	P. O. Box 2528, Hobbs, New Mexico 88240									
Name of Authorized Transporter of Casis	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3000, Tulsa, Oklahoma 74102									
Texaco Producing, Inc.								ioma /4	102	
If well produces oil or liquids, zive location of tanks.	Unit		Twp. Rge 23–S 36–E	. Is gas actuall Yes	y connected?	When)		
					her		ay, 1962	-		
f this production is commingled with that V. COMPLETION DATA	from any our	er lease or p	oor, give comming	hing order man	<u> </u>					
V. COM LETON DATA		Oil Well	Gas Well	New Weil	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)		i	İ	i	į .	i	<u>i</u>	İ	
Date Spudded	Date Comp	. Ready to I	rod.	Total Depth		<u> </u>	P.B.T.D.			
				7. 07/0	<u> </u>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing For	nation	Top Oil/Gas	ray		Tubing Dep	th		
Perforations	<u> </u>					.	Depth Casir	g Shoe		
ren orations								.5 2		
		URING C	ASING AND	CEMENTI	NG RECOR	D	·			
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SET		SACKS CEMENT			
NOLE SIZE										
	:					·				
				·						
										
. TEST DATA AND REQUES	of FOR A	LLUWAI	SLE Jane all and must	he equal to or	exceed top allo	unhle for this	e depth or he i	for full 24 hou	ors.)	
IL WELL (Test must be after related First New Oil Run To Tank	t be equal to or exceed top allowable for this depth or be for full 24 hours.) i Producing Method (Flow, pump, gas lift, etc.)									
zie First New Oil Run 10 12mk	Date of Test									
ength of Test	Tubing Press	eure		Casing Pressu	re	***	Choke Size			
	:									
ctual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF			
	i									
GAS WELL										
cinal Prod. Test - MCF/D	Length of Te	st		Bbls. Condens	ate/MMCF		Gravity of C	ondensate		
	!									
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
							<u> </u>			
I. OPERATOR CERTIFICA	ATE OF	COMPL	IANCE		IL CON	CEDV/	TION	אופור	M	
I hereby certify that the rules and regula	tions of the O	il Conservat	ion		IL COIN	SEITY	IAN	2 4 198	0	
Division have been complied with and to the strue and complete to the best of my k	hat the inform	ation given : belief.	bove	║			JAN	c 4 130	0	
is the and complete to the best of my k				Date	Approved	l				
· · · · · · · · · · · · · · · · ·	-)ر	1	-	_	^	SIGMAL (HONED BY	MESBA CE	XTOM	
Signature			 _	By			THET I SUP		~ • • • • • • • • • • • • • • • • • • •	
Virginia Carter	Prodi		Analyst .						v	
Printed Name 1-18-89	915 6	ті 583 476	tie 8	Title_					<u> </u>	
- 20 07		Telepho								

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.

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RECEIVED

JAN 23 1989

OCD HOBBS OFFICE