Submit 5 Copie.
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., Azzec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	nLQ0	O TRAN	SPORT OIL	AND NA	TURAL GA	AS Wall	API No.			
Operator	_					+ Well /	API No.			
Parker & Parsley Pe	troleum (Company								
Address										
P. O. Box 3178, Mid		<u>kas 797</u>	02	Oth	r (Please expla	ıın)				
Reason(s) for Filing (Check proper box	r)	Change in Tra	nsporter of:							
New Well	Oil	~ —	y Gas							
Recompletion	Casinghead	_	ndensate							
Change in Operator X						C 11 and	Towns	70702		
if change of operator give name and address of previous operator	HCW Explo	ration,	Inc., P.	0 Box	10585. ·	ng Lang,		_/ 3/04		
II. DESCRIPTION OF WEL	I AND LEA	SE								
Lease Name	ng Formation			Kind of Lease Fee Lease No.						
E. F. King	İ	3	Langlie-M	lattix_7	Rivers C	ueen -	3			
Location						_				
Unit Letter P	. 660) Fe	et From The	outh Lin	and <u>2310</u>) Fe	et From The	<u> Last</u>	Line	
Onit Letter									County	
Section 12 Town	uship 23-1	S R a	inge 36-E	, NI	MPM,		Lea_		County	
				DAT CAS						
III. DESIGNATION OF TRA	ANSPORTE	R OF OIL	AND NATU	Address (Giv	e address 10 wi	uch approved	copy of this !	orm is to be se	eni)	
Name of Authorized Transporter of Oil	144	or Condensate	السسا	1						
Texas-New Mexico Pipeline Corporation Texas-New Mexico Pipeline Corporation Transporter of Casinghead Gas X or Dry Gas				P. O. Box 2528, Hobbs, New Mexico 882 Address (Give address to which approved copy of this form is to be sent)					ens)	
Name of Authorized Transporter of Ca		∑ or	Diy Gas							
	Texaco Producing, Inc.				y connected?	When	1 ?			
If well produces oil or liquids, give location of tanks.	Unnit P	•	3-S 36-E	Yes		Ma	ay, 1962			
If this production is commingled with the				ing order num	ber:					
If this production is comminged with a IV. COMPLETION DATA	in Hom any can		-				·		him D. iv	
IV. COM ELTON DITT		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	on - (X)	i	İ	1			L DRTD			
ate Spudded Date Compi. Ready to Prod.			od.	Total Depth			P.B.T.D.			
				Top Oil/Gas Pay			Tubing Depth			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation				100 010 010 149			:			
							Depth Casi	ng Shoe		
Perforations										
		UDDIC C	A SING AND	CEMENTI	NG RECOR	D				
	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE			DEPTH SET SACKS CEMENT						
HOLE SIZE CASING & TUBING SIZE				i						
				1						
										
V. TEST DATA AND REQU	EST FOR A	LLOWAB	LE					for 6/11 24 hos	ure)	
V. TEST DATA AND REQU OIL WELL (Test must be after	er recovery of to	ial volume of l	oad oil and mus	be equal to or	exceed top all	owable for in	esc.)	jor just 24 1101		
Date First New Oil Run To Tank	Date of Tes			Producing M	ethod (Flow, pr	ump, gas 191,	EIC./			
				G-si-a P-sam			Choke Size			
Length of Test	Tubing Pres	Tubing Pressure			Casing Pressure					
					Water - Bbis.			Gas- MCF		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.					:			
				!						
GAS WELL					ante () for the last		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF						
(Man 1)				Casing Pressure (Shut-in)			Choke Size			
Testing Method (puot, back pr.)	Tubing Pressure (Shut-in)			Caring Liceonie (Silm-in)						
_										
VI. OPERATOR CERTIF	ICATE OF	COMPL	IANCE	11 (DIL CON	ISERV	ATION	DIVISIO	NC	
t hamby certify that the rules and re	guiations of the	Oil Conservati	IOD	1						
Division have been complied with a	and that the infor	MALION SIVER	above			\d	JAN	1241	182 EST	
is true and complete to the best of t	my knowledge at	AL UCITEL.		Date	Approve	:u				
	•	-	-	11 _		OBIGINA	TI SISSEED	BY JERRY	SEXTON	
Tukin	<u> </u>	ander		By_		THE CARE	METRICT I	SUPERVISO	X	
Signature Virginia Carter	Pro	duction	Analyst							
		T	itie	Title				<u> </u>		
Printed Name	915	683 476		1						
Date		Teleph	one No.						الأوالية والمراجع	

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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