

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

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SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator  
**ZACHARY OIL OPERATING COMPANY**

Address  
**1212 COMMERCE BUILDING, FORT WORTH, TEXAS 76102**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well <input type="checkbox"/>	Change in Transporter of:	Change of operator from Penrose-Zachary Operating Co .
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name <b>Jones</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Drinkard</b>	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter <b>M</b>	: <b>660</b>	Feet From The <b>S</b>	Line and <b>660</b>	Feet From The <b>W</b>	
Line of Section <b>6</b>	T. wnship <b>22</b>	Range <b>38</b>	NMPM, <b>Lea</b>	County	

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>Texas New Mexico Pipeline Co.</b>	<b>Box 1510 Midland, Texas</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>Getty Oil Co.</b>	<b>P.O. Box 1137, Amarillo, N.M. 88231</b>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rqe.	Is gas actually connected?	When

If this production is commingled with that from any other lease or pool, give commingling order number:

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

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)

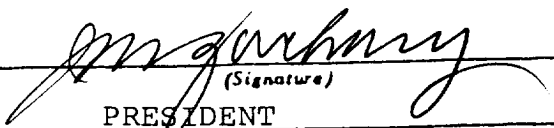
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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)  
**PRESIDENT**  
(Title)  
**4/28/81**  
(Date)

OIL CONSERVATION DIVISION

APPROVED **JUL 21 1981**, 19  
BY **[Signature]**  
TITLE **[Signature]**

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104  
Effective 1-1-65

REGISTRATION		
NAME		
ADDRESS		
CITY		
STATE		
ZIP		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
REGISTRATION OFFICE		

Operator Parsons-Bushley Operating Co.

Address 1000 Commerce Hill, P.O. Box 1000, Fort Worth, Texas 76101

Reason(s) for filing (Check proper box)		Other (Please explain)	
<input type="checkbox"/> Change in transporter of:		Change of operator from	
<input type="checkbox"/> Oil		Parsons Production Company	
<input type="checkbox"/> Casinghead Gas			
<input type="checkbox"/> Dry Gas			
<input type="checkbox"/> Condensate			

If change of ownership give name  
and address of previous owner \_\_\_\_\_

SECTION OF WELL AND LEASE

Well Name <u>JOE D. RAMEY</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>JOE D. RAMEY</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Other
Location _____ Feet From The _____ Line and _____ Feet From The _____				
Section <u>5</u>	Township <u>22</u>	Range <u>35</u>	NMPM, <u>Lot</u>	

SECTION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Parsons-Bushley Operating Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1000, Fort Worth, Texas</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Parsons-Bushley Operating Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1000, Fort Worth, Texas</u>
If well produces oil or liquids, give location of tanks.	Unit _____ Sec. _____ Twp. _____ Rge. _____
is gas actually connected?	When _____

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest. (B.H.T.)
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

(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

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Producing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature)  
Joe D. Ramey  
PRESIDENT

(Title)  
JULY 18, 1974

(Date)  
TO BE EFFECTIVE AUGUST 1, 1974

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_

BY Joe D. Ramey  
TITLE Dist. 1, Supv.

This form is to be filed in compliance with RULE 100.

If this is a request for allowable for a newly drilled or reworked well, this form must be accompanied by a tabulation of the log tests taken on the well in accordance with RULE 101.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and V for change of well name or number, or transporter, or other such change of owner. Separate Forms C-104 must be filed for each such change.