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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator	
Address <u>Hollison Oil Company</u>	
<u>3206 Republic Bank Tower</u>	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE	
Lease Name <u>Parks</u>	Well No. <u>7</u>
Pool Name, Including Formation <u>Drinkard</u>	
Kind of Lease <u>Fee</u>	
Lease No. _____	
Location	
Unit Letter <u>K</u>	<u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u>
Line of Section <u>11</u>	Township <u>22S</u> Range <u>37E</u> NMPM, <u>Lea</u> County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Porman Corp</u>	<u>Midland, Texas</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural</u>	<u>Midland, Texas</u>
If well produces oil or liquids, give location of tanks.	Unit <u>K</u> Sec. <u>11</u> Twp. <u>22S</u> Rge. <u>37E</u>
	Is gas actually connected? <u>Yes</u> When <u>May 1972</u>

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

V. COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>3-21-72</u>	Date Compl. Ready to Prod. <u>4-29-72</u>
Elevations (DF, RKB, RT, GR, etc.) <u>3349 RT</u>	Name of Producing Formation <u>Drinkard</u>
Perforations <u>62106377-6377</u>	Top Oil/Gas Pay <u>6210</u>
	Tubing Depth <u>6111</u>
	Depth Casing Shoe <u>6180</u>
	Depth <u>6175</u>

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12</u>	<u>8 5/8</u>	<u>1061</u>	<u>600</u>
<u>7 7/8</u>	<u>5 1/2</u>	<u>175</u>	<u>200</u>
<u>2</u>	<u>2</u>	<u>6180</u>	

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 allowable for this depth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test
Length of Test	Producing Method (Flow, pump, gas lift, etc.)
Actual Prod. During Test	Tubing Pressure
	Casing Pressure
	Choke Size
	Oil-Bbls.
	Water-Bbls.
	Gas-MCF

GAS WELL	
Actual Prod. Test-MCF/D	Length of Test
<u>712</u>	<u>8</u>
Testing Method (Pilot, back pr.)	Tubing Pressure (shut-in)
<u>back pr.</u>	<u>1198</u>
	Bbls. Condensate/MMCF
	Gravity of Condensate
	Casing Pressure (shut-in)
	Choke Size
	<u>28/64</u>

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.	
<u>W. Freedman</u>	
(Signature)	
<u>Prod. Eng.</u>	
(Title)	
<u>5-2-72</u>	
(Date)	
OIL CONSERVATION COMMISSION	
JUN 28 1972	
APPROVED _____, 19____	
BY <u>W. D. Jones</u>	
TITLE <u>SUPERVISOR DISTRICT I</u>	
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.	

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MAY 16 1972

OIL CONSERVATION COMM.
HOBBES, N. H.