NO OF CORIES BECE	IVED	i	
DISTRIBUTION			
SANTA FE			L
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			
	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OPERATOR	FILE U.S.G.S. LAND OFFICE IRANSPORTER GAS OPERATOR	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR

II.

II.

V.

(Title) 12-1-82

(Date)

DISTRIBUTION	7				_		
DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION Form C-104					
SANTA FE	_	REQUEST FOR ALLOWABLE			Supersedes Old C-104 and C-11 Effective 1-1-65		
FILE	4	AND					
U.S.G.S.	_ AUTHO	RIZATION TO TRA	ANSPORT OIL AND I	NATURAL GAS	;		
LAND OFFICE	_						
TRANSPORTER GAS							
OPERATOR							
PRORATION OFFICE		· · · · · · · · · · · · · · · · · · ·					
Operator							
Polaris Production Address							
P.O. Box 1749, Mid		s 79702					
Reason(s) for filing (Check proper box	: <i>)</i>		Other (Please	explain)			
New Well	Change in	Transporter of:					
Recompletion	Oil	Dry Gas Effective 12-1-82					
Change in Ownership X	Casinghead	d Gas Conde	nsate				
If change of ownership give name and address of previous owner	Grace Petro	leum Corporati	On Drawer 2250	W2 11 - 1	m 30300		
and address of previous owner	stace reero	redm corporaci	on, prawer 2336	, Midiand,	Texas /9/02		
DESCRIPTION OF WELL AND				Wind of the same			
Lease Name Parks	Well No.	Pool Name, Including F Drinkard	nomenton	Kind of Lease	Fee	Lease No.	
		Dilikard	· · · · · · · · · · · · · · · · · · ·	State, Federal or	Fee Fee	<u> </u>	
Location Unit Letter J; 198	30 Feet From	n The <u>South</u> Lir	ne and <u>1980</u>	Feet From The	East		
						-	
Line of Section 14 To	wnship 22-S	Range 37	$-\mathbb{E}$, NMPM	1	Lea	County	
DESIGNATION OF TRANSPOR							
Name of Authorized Transporter of Oil		ndensate 🗀	Address (Give address t			o be sent)	
	ermian Corporation			P.O. Box 1183, Houston, Texas 77001			
Name of Authorized Transporter of Ca		or Dry Gas 🛣	Address (Give address to which approved copy of this form is to be sent)				
El Paso Natural Gas			P.O. Box 1492	, El Paso, 🛚	Texas 79978		
If well produces oil or liquids,	Unit Sec.	Twp. Rge.	Is gas actually connecte	d? When			
give location of tanks.	<u> K 14</u>	22-S;37-E	Yes		7-72		
f this production is commingled wi	th that from any	other lease or pool,	give commingling order	number:			
		l Well Gas Well	New Well Workover	Deepen Pl	lug Back Same Res	'v. Diff. Res'v.	
Designate Type of Completion	on = (X)	į			1		
Date Spudded	Date Compl. Re	ady to Prod.	Total Depth	P.	B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Produc	ing Formation	Top Oil/Gas Pay	Tv	ubing Depth		
<u> </u>	<u> </u>						
Perforations				De	epth Casing Shoe		
	TU	JBING, CASING, AND	CEMENTING RECOR)			
HOLE SIZE	CASING	& TUBING SIZE	DEPTH SE	T	SACKS CEM	ENT	
		······					
				i			
TEST DATA AND REQUEST F	OR ALLOWAB	LE (Test must be a)	fter recovery of total volum	ne of load oil and i	must be equal to or e	xceed top allow-	
OIL WELL		able for this de	pth or be for full 24 hours,			*	
Date First New Oil Run To Tanks	Date of Test		Producing Method (Flow	pump, gas lift, et	c.)		
	 						
Length of Test	Tubing Pressure	•	Casing Pressure	l Cn	noke Size		
Actual Prod. During Test	Oil-Bbls.	 	Water-Bbls.	-	xs - MCF		
Actual Fiba, Duling 1981	On-Bbis.		Marer - Doler	34	IB - MCF		
	L		<u> </u>	<u></u>			
O A C 11/DV V							
GAS WELL Actual Prod. Test-MCF/D	Length of Test		Bbls. Condensate/MMCF		avity of Condensate		
notal field for more	20114111 01 1021		EDITO, CONGENTACTO WINGOF	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	dairy or Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure	o/chut_in)	Casing Pressure (Shut-	(n) (c)	oke Size		
reating Method (phot, back priy	I aprild Liessand	(SMC-IN)	Cdaing Pressure (Direc-	in,	ORA SIZA		
	<u></u>						
CERTIFICATE OF COMPLIANC	建		OIL C	UNSERVATIO	N COMMISSION	i	
			APPROVED SE	0 0 1000)	10	
hereby certify that the rules and regulations of the Oil Conservation ommission have been complied with and that the information given		APPROVED 1) EC 3 1982					
	is true and complete to the heat of my knowledge and helief >>						
	OF SINAL SIGNED BY						
TITLE							
Val 12		This form is to be filed in compliance with RULE 1104.					
FELTS VIO		vis Payne	If this is a reque	st for allowable	for a newly drille	d or deepened	
/(Signa			well, this form must tests taken on the w				
President	•	11	FORT SEVEN ON THE M			•	

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

DEC 9 1982
HO885 OFFICE