

DISTRIBUTION			
SA	TA	FE	
FI	E		
G.S.			
ID 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-11  
Effective 1-1-65

I. Operator  
Cleary Petroleum Corporation  
Address  
Suite 200 Gihls Towers West, Midland, Texas 79701  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of: ☐ Other (Please explain)  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐ Effective 8/1/74  
If change of ownership give name and address of previous owner Wolfson Oil Company, 3206 Republic Bank Tower, Dallas, Texas

II. DESCRIPTION OF WELL AND LEASE  
Lease Name Parks Well No. 9 Pool Name, including Formation Drinkard Kind of Lease State, Federal or Fee Fee Lea Lease No.   
Location  
Unit Letter N ; 1980 Feet From The north Line and 1980 Feet From The east  
Line of Section 14 Township 22S Range 37E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
The Permian Corporation Address (Give address to which approved copy of this form is to be sent)  
P. O. Box 1183, Houston, Texas 77001  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒  
El Paso Natural Gas Co. Address (Give address to which approved copy of this form is to be sent)  
P. O. Box 1492, El Paso, Texas 79978  
If well produces oil or liquids, give location of tanks. Unit K Sec. 14 Twp. 22S Rge. 37E Is gas actually connected? Yes When 10/72

IV. 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

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  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 (pitot, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  
Mary Ann Ferguson  
Production Clerk  
(Signature)  
(Title)  
8/19/74  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED , 19   
BY Joe D. Sam  
TITLE Dist. I, Supv.  
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.