Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico , Minerals and Natural Resources Department Form C-104 Revised 1-1-89 See Instructions at Bottom of Page RECEIVED

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

PISTRICT III 000 Rio Brazos Rd., Aziec, NM 874	10 REQUEST	FOR AL	LOWAE			S		(OCT 18'8	
Operator						Well A	Pl No.	A	rtesia, offi	
Harcorn Oil						130=0	15=	 		
P. O. Box 2 eason(s) for Filing (Check proper bo	879, Victoria ×)	, Texas	s 79702	Oth	er (Please expla	in)				
ew Well	Chang	e in Transpo		Change	e of Oper	ator Na	me			
ecompletion	Oil	Dry Ga		_	ctive Oct					
hange in Operator XX	Casinghead Gas	Conder								
•	ondo Oil & Ga	s Compa	any, P.	O. Box	2208 , R	oswell,	New Mex	ico 882	05	
DESCRIPTION OF WELL AND LEASE ase Name Well No. Pool Name, Include				ng Formation Kind			of Lease No.		ase No.	
				Seven Rivers QGSA			State, Federal or Fee		LC029395B	
ocation								•	3978	
Unit Letter O	: 330	Feet Fr	from The $\frac{S}{S}$	outh Lin	• • • • • • • • • • • • • • • • • • • •		et From The _	East	Line	
Section 17 Tow	nship 178	Range	31E	, N	мрм, Edd	У			County	
I. DESIGNATION OF TR Jame of Authorized Transporter of O SI NONE		OIL AN	D NATU		e address to wh	ich approved	copy of this for	rm is to be se	ni)	
Let G Authorized Transporter of Casinghead Gas or Dry Gas				Address (Giv	e address to wh	ich approved	copy of this for	rm is to be se	nt)	
t well paddices oil or liquids, we location of tanks.	Uait Sec.	Twp.	Rge.	Is gas actually connected? When			7			
this production is commingled with V. COMPLETION DATA	that from any other lease	or pool, gi	ve commingl	ing order num	ber:					
Designate Type of Complet	ion - (X)	Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spaidded	Date Compl. Reac	ly to Prod.	<u>-</u> #-	Total Depth	4	· · · · · · · · · · · · · · · · · · ·	P.B.T.D.			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
erforations			· · · · · · · · · · · · · · · · · · ·			·· ·	Depth Casing	Shoe		
	TUBIN	IG, CASI	NG AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CASING	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
				<u> </u>			ļ .			
'. TEST DATA AND REQ	UEST FOR ALLO	WABLE		L		·				
OIL WELL (Test must be a Date First New Oil Run To Tank	fier recovery of total vol	wne of load	oil and musi		r exceed top allo lethod (Flow, pi			or full 24 hou	urs.)	
ength of Test	Tubing Pressure			Casing Pressure			Choke Size 10 - 27 - 89 Gas-MCF 2hg 0P			
Actual Prod. During Test	al Prod. During Test Oil - Bbls.			Water - Bbis.			Gas-MCF Thy OP			
CAC WITH I			··		<u></u>	·				
GAS WELL Actual Prod. Test - MCF/D	Length of Test	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTI Thereby certify that the rules and	regulations of the Oil Co	onservation			OIL CON	NSERV	ATION I	DIVISIO	ON NC	
Division have been complied with is true and complete to the best of			ve	Dat	e Approve	ed 0	CT 2 7	1989		
My Muly	ul	1		By			KAL SIGNI	ED BV		
Signature 10 6	AHAM /	Jew	<i>V</i>	By -		5 H.E.V	NILMAMS			
Printed Name S 19	89 505-	Title 6772 Telephone		Title)	SUPER	VISOR, DI	STRICT I	1	

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.