

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

OCT 18 '89

Operator <u>Harcorn Oil Co.</u>		Well API No. <u>30-015-</u>	O. C. D. ARTESIA, OFFICE
Address <u>P. O. Box 2879, Victoria, Texas 79702</u>			
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)			
New Well <input type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	Change of Operator Name Effective October 1, 1989
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator <u>Hondo Oil & Gas Company, P. O. Box 2208, Roswell, New Mexico 88202</u>			

III. DESCRIPTION OF WELL AND LEASE

Lease Name <u>"Turner" "B"</u>	Well No. <u>35</u>	Pool Name, Including Formation <u>Fron Seven Rivers QGSA</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>L6029395B</u>
Location Unit Letter <u>N</u> : <u>330</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>West</u> Line Section <u>17</u> Township <u>17S</u> Range <u>31E</u> , <u>NMPM</u> , <u>Eddy</u> County				

IV. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>SI NONE</u>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>NONE</u>	Address (Give address to which approved copy of this form is to be sent)	
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:

V. 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			

VI. 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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size <u>Posted ID3</u> <u>10-27-89</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF <u>chg OP</u>

GAS WELL

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

VII. OPERATOR 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.

W. J. Graham
Agent
Date Oct 15, 1989 Telephone No. 505-677-2360

OIL CONSERVATION DIVISION

Date Approved OCT 27 1989

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

NOTES: This form is to be filed in compliance with Rule 1104

allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 11.

If this form must be filled out for allowable on new and recompleted wells.

Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

Form C-104 must be filed for each pool in multiply completed wells.