Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico , Minerals and Natural Resources Departmen En

See Instructions at Bottom of Page

JAN 10'90

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

STRICT III DU Rio Brazos Rd., Aziec, NM 87410	REQUEST FO	OR ALL	OWABL	E AND A	UTHORIZA	ATION	ARTESIA, O	C FFICE		
RIO Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS I Weil							lil No.			
Socorro Petroleum Company							30-015-			
dress										
P.O. Box 38, Lo ason(s) for Filing (Check proper box)	co Hills, NM	8825	ນວ <u></u>	Other	(Please explain	1)				
ason(s) for Piling (Check proper box)	Change in	Transport	cr of:				_			
completion		Dry Gas			ge in Ope					
nange in Operator XX	Casinghead Gas	Condens	O Boy		ctive Jan					
hange of operator give name Harco	orn Oil Compa	ny, P	.U. BUX							
DESCRIPTION OF WELL AND LEASE						1::::-:-:				
See Name C.A. Russell Well No. Pool Name, Includin Grayburg J						l of Lease No. Lease No. LC029548		1 se No. 29548A		
ocation A	. 990							100		
Unit Letter	The Line and 1384 Feet			From TheLine						
Section \ Township 17S Range 31E			31E	, NMPM, Eddy			County			
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil NONE WIW	SPORTER OF C		D NATUI	RAL GAS Address (Give	address to wh	ich approved	copy of this form	n is to be ser	nı)	
				Addiess (Give address to which approved copy of this form is to be sent)						
NONE If well produces oil or liquids, ive location of tanks.	Il produces oil or liquids, Unit Sec. Twp. Rge. le gas s				When ?					
f this production is commingled with that	from any other lease o	r pool, giv	e commingl	ing order num	ber:					
V. COMPLETION DATA								·	_,	
Designate Type of Completion	- (X) Oil We	:11 (Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Dill Res'v	
Date Spudded	Date Compl. Ready	w Prod.		Total Depth	J	l	P.B.T.D.		- 1	
				1 Marie 19 11 11 11 11 11 11 11 11 11 11 11 11						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Vil/Gas Pay			Tubing Depth			
Perforations							Depth Casing Shoe			
									·	
	TUBING, CASING AND			CEMENTING RECORD DEPTH SET			SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE			DEF IN SET			OXONO GENERAL			
	_			·			-			
V. TEST DATA AND REQUI	ST FOR ALLO	VÄBLE	<u> </u>	.1	<u></u>		 			
OIL WELL (Test must be after	recovery of total volu	ne of load	oil and mus	t be equal to o	r exceed top all dethod (Flow, p	lowable for th	is depth or be for	or full 24 ho	ws.)	
Date First New Oil Run To Tank	Date of Test			1700ucing N	action (riow, p	ωφ, χαι 191,	eic.j			
Length of Test	Tubing Pressure			Casing Pres	Casing Pressure					
				100			Gas- MCF			
Actual Prod. During Test	ual Prod. During Test Oil - Bbls.			Water - Bbls.						
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test			Bbls. Cond	Bbls. Condensate/MMCI			Gravity of Condensate		
	TOLER 151500 151			Casing Pressure (Shut-in)			Choke Size			
lesting Method (pitot, back pr.)	Tubing Pressure (Shul-in)			Caping Licearin (ouncin)						
VI. OPERATOR CERTIF	ICATE OF CO	MPLIA	NCE	_\[0" 00	NOTE:	IATION	חוויייי	ION	
I hereby certify that the rules and re	gulations of the Oil Co	nservation	1		OIL CO	M2FH/	VATION	ופועוט	ION	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved FEB - 6 1990					
to true and comprese to the oest of t				Da	ite Approv	/ea				
Henn	Toul	N		D.,		are vitat	S-Gallo B	Υ		
Signature Could	\ N	lanagei		∥ Ву		Mike Wil	SHOREUR MANS	NOT 18		
Ben D. Gould		anage: Tid		77:4	ام	SHEERVI	SOR, DISTR	HC1 II		

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

1/8/90 Date

- 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.

505/677-2360

Telephone No.

- 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 rool in multiply completed wells