omit 5 Copies
optopriate District Office
2|STRICT1
P.O. Box 1980, Hobbs, NM 88240

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

RECEIVED

STRICT III DU Rio Brazos Rd., Aztec, NM 87410	REQUEST	OR ALLOW	/ABL	E AND AUTHORIZA	TION		_	100	
TO TRANSPORT OIL AND NATURAL GAS							<u>JAN 1(</u>	JAN 10'90	
perator						Well Ali No. 30-015-			
Socorro Petroleum Company						ARTESIA, OFFICE			
P.O. Box 38, I	oco Hills, M	M 88255							
ason(s) for Filing (Check proper box) w Well	Change	in Transporter of:		Other (Please explain	,				
completion	~ .			Change in Ope					
ange in Operator	Casinghead Gas			Effective Jar	_				
hange of operator give name address of previous operator Hard	corn Oil Com	pany, P.O.	Box	2879, Victoria,	TX //9		 		
DESCRIPTION OF WELL		o. Pool Name, In	chylin	2 Founding	Kind of	Lease	les	se Na	
Turner "A"	32		Seve	n Rivers		ederal amiliar	LC029		
Unit Letter	. 1650	Coat Been The	<u>.</u> Sn	ith Line and 165) Fac	t Emm The	East	Lin	
10)		EAA.							
Section 1 8 Township	ip 17S	Range	31E	, NMPM,		· · · · · · · · · · · · · · · · · · ·		County	
I. DESIGNATION OF TRAI					 				
nne of Authorized Transporter of Oil NONE SHUT IN	ar Cor	densate		Address (Give address to white	:h opproved	copy of this Joi	'M is 10 be sei	u)	
ame of Authorized Transporter of Casi NONE	nghead Gas	or Dry Gas [=	Address (Give address to whi	ch approved	copy of this fo	rm is to be se	nd)	
well produces oil or liquids,	Unit Sec.	Twp.	Rge.	Is gas actually connected?	When	7	· · · · · · · · · · · · · · · · · · ·		
ve location of tanks.	_i	ll			Ĺ		 		
his production is commingled with the . COMPLETION DATA	nt from any other lease	or pool, give con	vningli	ng order number:	·				
Designate Type of Completion	n = (X)	Well Gas W	ell	New Well Workover	Deepen	Plug Back	Same Res'v	Diff Res'	
ate Spudded	Date Compl. Read	ly to Prod.		Total Depth		 P.B.T.D.		.l	
levelions (I)E DVD DT CD)	Name of Decision	- P		Top Ulb Gas Pay					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Old Gat Pay	Tubing Depth				
erforations .					Depth Casing Slice				
	TUBII	NG, CASING	AND	CEMENTING RECORI)			- 	
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET	SACKS CEMENT				
					9-9-90				
						·	ale a	<u>0</u>	
							37		
. TEST DATA AND REQU OLL WELL (Test must be afte			d must	be equal to or exceed top allo	mable for thi	is death or be	for full 24 hou	urs.)	
Date First New Oil Run To Tank	Date of Test			Producing Method (Flow, pu			, <u>,</u>		
ength of Test	Tubing Pressure		·····	Casing Pressure		Choke Size		······································	
Ashal Bad Bad a Tar				Water - Bbls	Gas- MCF				
Actual Prod. During Test	Oil - Bbls.			AMEL - DOLE					
GAS WELL									
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MAICI		Cravity of	Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)		Clioke Size			
VI. OPERATOR CERTIF	ICATE OF CO	NADI TANCI		-					
I hereby certify that the rules and n			C	∥ OIL CON	NSERV	ATION	DIVISI	ON	
Division have been complied with is true and complete to the best of	and that the information	on given above				FEB -	9 1990		
	Goule	ρ		Date Approve	ed			· · · · · · · · · · · · · · · · · · ·	
	rener			By ORIGI	NAL SIG	VED BY	·		
Signature Ben D. Gould Manager				MIKE WILMAMS Title SUPERVISOR, DISTRICT 19					
Printed Name		Title 77–2360		TitleSUPE	KV:5UK,	DISTRICT	11		
1/8/90 Date	202/0	Telephone No.							

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