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PISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Minerals and Natural Resources Departmen

OIL CONSERVATION DIVISION

Form C-104 Revised 1-1-89 See Instructions

at Bottom of Page

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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

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

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|----------|-------------|---------------|------------|
| DECHECT  | EOD ALLOWAD | I F AND ALITI | IODITATION |
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|----------------------------------------------------------------------|-----------------------------------------|---------------------------|----------------------------|---------------------|----------------------|-------------------------|-----------------------------------------|----------------------------------------|
| Operator                                                             |                                         |                           |                            |                     | 2, 1, 14 U/          |                         | API No.                                 | O. C. D.                               |
| Harcorn Oil                                                          | Co.                                     |                           |                            |                     | <del></del>          | 30-0                    | 15-                                     | ARTESIA, OFFIC                         |
| Address P. O. Box 2                                                  | 879. Viato                              | rie Φα                    |                            | 2                   |                      |                         |                                         |                                        |
| Reason(s) for Filing (Check proper bo                                | r) v1000                                | <u> </u>                  | JAGB 1710                  |                     | r (Please expl       | ain)                    |                                         |                                        |
| New Well                                                             | C                                       |                           | ansporter of:              |                     | of Ope               |                         | me                                      |                                        |
| Recompletion                                                         | Oil                                     |                           | ry Gas                     |                     | tive Oc              |                         |                                         |                                        |
| Change in Operator XX                                                | Casinghead                              |                           | ondensate []               |                     |                      | ,                       |                                         |                                        |
| f change of operator give name Hond address of previous operator     | ondo Oil &                              | Gas Co                    | ompany, P                  | . 0. Box            | 2208 , 1             | Roswell,                | New Mex                                 | ico 88202                              |
| I. DESCRIPTION OF WEL                                                | L AND LEAS                              | SE                        |                            |                     |                      |                         |                                         |                                        |
| Lease Name                                                           |                                         |                           |                            | ng Formation Kind c |                      | f Lease No.             |                                         |                                        |
| Turner "A"                                                           |                                         | 7 Grayburg Jackso         |                            |                     |                      | ederal or Fee LCD29395A |                                         |                                        |
| Location                                                             |                                         |                           |                            |                     |                      |                         |                                         |                                        |
| Unit Letter                                                          | :330                                    | Fe                        | set From The $\frac{1}{2}$ | North Line          | and198               | 10 Fe                   | et From The                             | West Line                              |
| Section 19 Town                                                      | aship 17S                               | D.                        | inge 311                   |                     | rm /                 | raa.                    |                                         |                                        |
| 7 1000                                                               | <u> </u>                                |                           | TIKE TI                    | , MW                | IPM,                 | Edd                     | У                                       | County                                 |
| II. DESIGNATION OF TR                                                | ANSPORTER                               | OF OIL                    | AND NATU                   | IRAL GAS            |                      |                         |                                         |                                        |
| Name of Authorized Transporter of Oi                                 | · KX) °                                 | r Condensate              |                            | Address (Give       | address to wi        | hich approved           | copy of this form                       | n is to be sent)                       |
| Texas-New M                                                          | exico Pipe                              | line C                    | ompany                     | P. O. 1             | <del>30x 252</del> 8 | , Hobbs                 | New Mex                                 | i co 88240<br>n is io be seni)         |
| Continental                                                          | Oil Compa                               | nv                        | DIY CEE                    | Address (Give       | address to wi        | uch approved            | copy of this form                       | n is to be seni)                       |
| If well produces oil or liquids,                                     |                                         | ec. Tv                    | vp. Rge                    | Is gas actually     | connected?           | When                    | New Mexi                                | .00 00240                              |
| give location of tanks.                                              | 0                                       | 18   1'                   | 78   31E                   | Ye                  | es.                  | •                       | nknown.                                 |                                        |
| f this production is commingled with a V. COMPLETION DATA            | hat from any other                      | lease or poo              | d, give comming            | ding order numb     | er:                  |                         |                                         |                                        |
| V. COMPLETION DATA                                                   |                                         | Oil Well                  | 1 2 11 11                  |                     |                      | · <del>·······</del>    |                                         |                                        |
| Designate Type of Completi                                           | on - (X)                                | Oii Well                  | Gas Well                   | New Well            | Workover             | Deepen                  | Plug Back  S                            | ime Res'v Diff Res'v                   |
| Date Spadded                                                         | Date Compl.                             | Ready to Pr               | od.                        | Total Depth         |                      | I                       | P.B.T.D.                                |                                        |
|                                                                      |                                         |                           |                            |                     |                      |                         | 1 · · · · · · · · · · · · · · · · · · · | Posted ID-3                            |
| Elevations (DF, RKB, RT, GR, etc.)                                   | Name of Pro                             | ducing Form               | ation                      | Top Oil/Gas P       | 2 y                  |                         | Tubing Depth                            | Cha Oper                               |
| Perforations                                                         |                                         |                           |                            |                     |                      |                         |                                         | Cag Oper<br>10-27-89                   |
|                                                                      |                                         |                           |                            |                     |                      |                         | Depth Casing                            | Shoe                                   |
|                                                                      | TT                                      | JBING, C                  | ASING AND                  | CEMENTIN            | JG RECOR             | ח                       | <u> </u>                                |                                        |
| HOLE SIZE                                                            |                                         | NG & TUBI                 |                            |                     | DEPTH SET            |                         | SA                                      | CKS CEMENT                             |
|                                                                      |                                         |                           |                            |                     |                      |                         |                                         | =::= ==::============================= |
|                                                                      |                                         |                           |                            |                     | <del>"</del>         |                         |                                         |                                        |
|                                                                      |                                         |                           | <del></del>                |                     |                      |                         | ļ                                       |                                        |
| V. TEST DATA AND REQU                                                | EST FOR AL                              | LOWAB                     | RLE                        |                     |                      |                         | <u> </u>                                |                                        |
| OIL WELL (Test must be aft                                           | er recovery of low                      |                           |                            | n be equal to or    | exceed top all       | owable for this         | s depth or be for                       | full 24 hours.)                        |
| Date First New Oil Run To Tank                                       | Date of Test                            |                           |                            | Producing Me        | thod (Flow, pi       | ımp, gas lift, e        | tc.)                                    |                                        |
| Length of Test                                                       | Tubing Press                            | 1100                      |                            | Casing Pressu       |                      |                         | Challe C'a                              |                                        |
|                                                                      | r doing r reas                          | ui¢.                      |                            | Casing Fiessu       | ic                   |                         | Choke Size                              |                                        |
| Actual Prod. During Test                                             | Oil - Bbis.                             |                           |                            | Water - Bbls.       |                      |                         | Gas- MCF                                |                                        |
|                                                                      |                                         |                           |                            |                     |                      |                         |                                         |                                        |
| GAS WELL                                                             |                                         |                           |                            |                     |                      |                         |                                         |                                        |
| Actual Prod. Test - MCF/D                                            | Length of To                            | est                       |                            | Bbls. Conden        | sate/MMCF            |                         | Gravity of Co                           | ndensate                               |
| Testing Method (pitot, back pr.)                                     | Tubing Pres                             | sure (Shut-in             | )                          | Casing Pressu       | re (Shut-in)         |                         | Choke Size                              |                                        |
|                                                                      |                                         |                           |                            | , p                 |                      |                         |                                         |                                        |
| VI. OPERATOR CERTIF                                                  | ICATE OF                                | COMPL                     | IANCE                      |                     |                      |                         | <u> </u>                                |                                        |
| I hereby certify that the rules and r                                | egulations of the C                     | il Conservat              | tion                       |                     | OIL COM              | VSERV.                  | ATION D                                 | IVISION                                |
| Division have been complied with is true and complete to the best of | and that the inform<br>my knowledge and | nation given<br>I belief: | above                      |                     |                      | ne                      | T 0 77 404                              | àn.                                    |
| _ / 1                                                                | 4                                       |                           |                            | Date                | Approve              | ed                      | T 2 7 191                               | 5 <del>9</del>                         |
| WX ZIM                                                               | lucu                                    | _                         |                            |                     |                      | IOINIAL O               | IANES DV                                |                                        |
| Signature (1) (6)                                                    | 1 Am                                    | da                        | ,1                         | By_                 |                      |                         | IGNED BY                                |                                        |
| Printed Name                                                         | 14/11                                   | rye                       | ille                       |                     | CII                  | KE WILW<br>PERVISO      | R, DISTRIC                              | T I∳                                   |
| Oct 5, 198                                                           | 9 50.                                   | s 677'                    | 2360                       | Title               |                      | . 2117:00               |                                         |                                        |
| Date                                                                 |                                         |                           | one No.                    | il                  |                      |                         |                                         | -                                      |

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.