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

State of New Mexico Minerals and Natural Resources Departme

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

OIL CONSERVATION DIVISION JAN 10'90 <u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210 P.O. Box 2088 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 ... D. REQUEST FOR ALLOWABLE AND AUTHORIZATION ARTESIA, OFFICE TO TRANSPORT OIL AND NATURAL GAS Wall API NA Operator 30-015-Socorro Petroleum Company Address 88255 Box 38, Loco Hills, NM P.O. Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of: New Well Change in Operator Name Dry Gas Recompletion Effective January 1, 1990 Casinghead Gas Condensate 欧 Change in Operator Harcorn Oil Company, P.O. Box 2879, Victoria, TX If change of operator give name and address of previous operator 77901 II. DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, Including Formation | Grayburg Jackson/7 RV QGSA Kind of Lease Lease No. Lease Name Turner "B" Rr, Federal # LC029395B 18 Location Feet From The Unit Letter 20 Eddy 31E 17S County Township NMPM. Range Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil XX or Con Texas-New Mexico Pipeline Company P.O. Box 2528, Hobbs, NM 88240 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas XX P.O. Box 460, Hobbs, NM Continental Oil Company Twp. 17S When ? If well produces oil or liquids, is gas actually connected? Unit Rge. 31E give location of tanks. 20 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen | Plug Back | Same Res'v Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Top Vil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD SACKS CEMENT **CASING & TUBING SIZE DEPTH SET HOLE SIZE** V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL	(Test must be aft	er recovery of total volume of load oil a	nd must be equal to or exceed top allowable	for this depth or be for full 24 hows.)
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
Actual Prod. During Test		Oil - Bbls.	Water - Bbis.	Gas- MCF
GAS WELL				
Actual Prod. Test - MCF/D		Length of Test	Bbls. Condensate/MMCI	Gravity of Condensate
l'esting Method (pitot, back pr.)		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Clioke Size

VI. 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. Signature Manager Tille Ben D. Printed Name 1/8/90 505/677--2360 Date Telephone No.

OIL CONSERVATION DIVISION

FEB - 9 1990 Date Approved _

By_ ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT II Title_

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
- 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 root in multiply completed wells