## HO. OF COPISS RECEIVED DISTRIBUTION

III.

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE	REQUEST I	FOR ALLOWABLE	Supersedes Old C-104 and C-110	
	FILE	RECEIVED AUTHORIZATION TO TRA	AND	Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL (	GAS	
ļ	LAND OFFICE	1072			
1	TRANSPORTER OIL	1107 1 5 1972	•		
-	GAS	-			
	PRORATION OFFICE	- G. C. C.			
I.	Operator Harlan Oil Compo	277/			
	Address P. O. Box 668, Artesia, New Mexico 88210				
	2 0 DOX 0009 AI LES (U) NEW DEX (CO 002/U				
	Reason(s) for filing (Check proper box	:)	Other (Please explain)		
	New Well	Change in Transporter of:	_		
	Recompletion	Oil Dry Gas	s 🔛		
	Change in Ownership	Casinghead Gas Conden	sate		
		D. M. Bassett Drilling C	ompany. 601 South 15th.	Artesia. N. M. 88210	
	If change of ownership give name and address of previous owner				
II.	DESCRIPTION OF WELL AND	LEASE	ormation   Kind of Leas	0	
	Midewater Federal	Well No. Pool Name, Including Fo	y - Yates State, Federa	#oderal NATOCAT	
	FE.				
	Location J 196		<b>19</b> 80	East	
	Unit Letter;	Feet From TheLine			
	19		${\it 31E}$ ${\it Edd}$	y County	
	Line of Section To	ownship Range	, INMEN,	County	
***	DECIONATION OF TRANSPOR	TER OF OIL AND NATURAL GA	s		
ш.	TEXAS! Authoround TRANSPOR	Tine Of one AND NATURAL GA	Boxes 9 900, addle to landish Tox	ggl copportings form is to be sent)	
	rexas. Thew hexico Pipe	e stree company —		, , ,	
	Name of Authorized Transporter of Co	singhead Gas or Dry Gas	Address (Give address to which appro	oved copy of this form is to be sent)	
		<del></del>			
		Unio S99 T198 34E	Is gas agraphily connected? Wh	nen	
	If well produces oil or liquids, give location of tanks.		1		
		ith that from any other lease or pool,	give commingling order number:	1	
	COMPLETION DATA	ith that from any other reaso or poor,			
- • •		Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Restv.   Diff. Restv.	
	Designate Type of Completi	ion – (A)	1		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
			D 00 (0 D	Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
				Depth Casing Shoe	
	Perforations				
	TUBING, CASING, AND CEMENTING RECORD				
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE			
		<del> </del>			
••	THE DAMA AND DECUEST I	FOR ALLOWARIE (Test must be a	fter recovery of total volume of load oi	and must be equal to or exceed top allow-	
٧.	able for this depth or be for full 24 hours)				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas i	ift, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF	
		<del></del> -			
	GAS WELL			Tothu of Condonnate	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
			4512 451	Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI.	CERTIFICATE OF COMPLIANCE		1	ATION COMMISSION	
			NOV 1 6 1972 19		
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED		
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY Well Bressett		
	Shoke to time and combined to the second the second to the		TITLE OIL AND GAS INSPECTOR		
			11166		
	11: (n	a	This form is to be filed in	compliance with RULE 1104.	

## VI.

POOVE IS LINE SILE		-
Aline.	Drodown	
Agent	(Signature)	
November 1,	1972 (Title)	

(Date)

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply