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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-65

AUG 20 1975

I. Operator Julian Ard O.C.C.
ARTESIA, OFFICE

Address P. O. Box 2361, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Hackberry</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Hackberry - Morrow Gas</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NMO676</u> <u>NM06767</u>
Location				
Unit Letter <u>G</u>	<u>1980</u>	Feet From The <u>North</u>	Line and <u>1980</u>	Feet From The <u>East</u>
Line of Section <u>25</u>	Township <u>19</u>	Range <u>30</u>	, NMPM, <u>Eddy</u> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<u>Navajo Crude Oil Purchasing</u>	<u>P. O. Box 175, Artesia, NM 88210</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<u>Potash Company of America</u>	<u>P. O. Box 31, Carlsbad, NM 88220</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>G</u>	Sec. <u>25</u>	Twp. <u>19</u>	Rge. <u>30</u>
	Is gas actually connected?		When	
	<u>Yes</u>		<u>8-16-75</u>	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		<u>X</u>	<u>X</u>					
Date Spudded <u>12-10-73</u>	Date Compl. Ready to Prod. <u>3-16-74</u>	Total Depth <u>12,500</u>		P.B.T.D. <u>12,200</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>3306 GR</u>	Name of Producing Formation <u>Morrow</u>	Top Oil/Gas Pay <u>11,993</u>		Tubing Depth <u>11,954</u>				
Perforations <u>11,993-12,003</u>				Depth Casing Shoe <u>12187</u>				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17-1/2"</u>	<u>13-3/8"</u>		<u>820</u>		<u>850</u>			
<u>11</u>	<u>8-5/8"</u>		<u>2184</u>		<u>1000</u>			
<u>7-7/8</u>	<u>5-1/2"</u>		<u>12,187</u>		<u>350</u>			
	<u>2-3/8"</u>		<u>11,954</u>					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	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 - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D <u>4138.5</u>	Length of Test <u>24 hrs.</u>	Bbls. Condensate/MMCF <u>45.9</u>	Gravity of Condensate <u>50.4 @ 60</u>
Testing Method (pitot, back pr.) <u>Back Pressure</u>	Tubing Pressure (shut-in) <u>3200</u>	Casing Pressure (shut-in) <u>0</u>	Choke Size <u>7/64 - 13/64</u>

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Betty Thompson
Agent (Signature)

August 18, 1975
(Date)

OIL CONSERVATION COMMISSION

AUG 21 1975

APPROVED _____, 19____

BY W. C. Gussert

TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.

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