Submit 5 Copies Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240 DISTRUCT II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator	10	THANSPO	OHI O	IL AND NATURAL G				
Harrison Petroleum 37453				Well API No. 30 - 04			5-/1	<i>1</i> 233
Address P. O. Box 352	, Shiprock	NM.,	8742	0	`			
Reason(s) for Filing (Check proper bo New Well Recompletion Change in Operator	τ)	nge in Transpor	rter of:	Other (Please expl Change o	·	rator		
If change of operator give name and address of previous operator A.				., Box 215, Co	rtez,	Co., 8	1321	
II. DESCRIPTION OF WEL								
Lease Name Navajo 14/	160 3>	I No. Pool Na Mar		ding Formation cks Gallup 446	l	of Lease NA Federal or Fe		Lease No. 0 – 603 – 50
Unit Letter O	: 625	Feet Fro	om The Z	North Line and	2000	ect From The	East	Line
Section 27 Town	ship 32N	Range	17W	, NMPM,	San Ju	ıan		County
III. DESIGNATION OF TRA		FOIL AND	NATU		hich approve	d cany of this		
Gary Williams, Energy Corp.  Name of Authorized Transporter of Casinghead Gas or Dry Gas				Address (Give address to which approved copy of this form is to be sent)  89 Rd., Blmfld., NM., 87413  Address (Give address to which approved copy of this form is to be sent)				
None If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp.	Rge.   17W		When	1 ?		
If this production is commingled with th	at from any other lea	se or pool, give	comming	ling order number:				
Designate Type of Completic	on - (X)	Well   Ga	s Well	New Well   Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
ate Spudded Date Compl. Ready to Prod.				Total Depth	P.B.T.D.	<u> </u>		
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay	Tubing Depth			
Perforations	· · · · · · · · · · · · · · · · · · ·			I	<del> </del>	Depth Casin	g Shoe	
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE							
11000 010				DEPIH SET E LE VEAC CEMENT				
					JAN 3	1 1994	<u> </u>	
. TEST DATA AND REQUI				C	IL CC	N. DIV		
OHL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test				t be equal to or exceed top allowable for \$\$\forall \textit{Figures}\$ or be for full 24 hours.)  Producing Method (Flow, pump, gas lyl, etc.)				
ength of Test	Tubing Pressure			Casing Pressure	Choke Size			
ctual Prod. During Test	Oil - Bbls.			Water - Bbls.	Gas- MCF			
GAS WELL actual Prod. Test - MCF/D	Length of Test		l	Bbls. Condensate/MMCF				
esting Method (pitot, back pr.)	_			Casing Pressure (Shut-in)		Choke Size		
I. OPERATOR CERTIFICATE OF COMPLIANCE  Thereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above				OIL CONSERVATION DIVISION				
is true and complete to the best of my	knowledge and belie	r. ()		Date Approved	J	AN 3 1 15	94	
Signature es J. HARRISON, S.R.  Printed Name  - 76-94  Date				By_ Bus Change				
				TitleSUPERVISOR DISTRICT #8				
	•	l'elephone No.	1	1				

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 pool in multiply completed wells.