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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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

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

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

•		OTRA	NSPC	DRTOIL	<u>- AND NA</u>	TUHALG		T-711-X-1		
Operator		201						API No.	// 7	-//
Harrison Petroleum 37453								0-045-11254		
P. O. Box 352	, Shipro	ck, N	M.,	87420						
Reason(s) for Filing (Check proper both			~		Kx Ou	er (Please exp	lain)			
New Well L_J Recompletion [_]	Oil	Change in	Transpor Dry Gas	רדו	C.	hange c	of Oper	ator		
hange in Operator	Casinghead		•							
change of operator give name \(\Delta \)					, Box	215, Co	ortez,	Co., 8	1321	
a sadress of previous operator								···		
. DESCRIPTION OF WEL	· ·		Dool No.	asa laabudi	no Formation		Nind.	of Lease NA	VAJIO I	ease No.
ease Name Navajo <i>141</i>		7			ng Formation	up 446		Federal or Fe	4-20	0-603-51
ocation	<i>QQ</i>		L							
Unit Letter L	1850)	Feet From	m The	South	990) Fe	et From The	West	Line
	ship 32N			17W			San Ju			C
Section 2.7 Town	ship 321V		Range	1 / ٧٧	, N	мрм,				County
I. DESIGNATION OF TRA		OF O	L AND	NATU:						
aine of Authorized Transporter of Oil		or Conden			Address (Giv	e address to w	thich approved	copy of this	form is to be se	ini)
ary Williams, Energy Corp. 0000110					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)					
one	singhead Oas	لــــا	or Diy C	.148	Vomess (On	e acaress to w	nich approved	copy of this	iorm is to be se	ini)
well produces oil or liquids,	Unit				Is gas actually connected? When ?					
e location of tanks.	i <u>L</u> l	27	32N	L 17W				· · · · · · · · · · · · · · · · · · ·		
his production is commingled with the	nat from any othe	r lease or p	pool, give	commingl	ing order numi	ber:				
COMPLETION DATA		Oil Well	1 6	as Well	1 No. 11/20	Workover	1 D	1 Division Division	Ic	Diff. David.
Designate Type of Completic	on - (X)	On wen	į o	as well	I HEM MEIL	workover	Deepen	i Piug Dack	Same Res'v	Diff Res'v I
ne Spudded	Date Compl. Ready to Prod.				Total Depth	I	.1	P.B.T.D.	.4	-1
					Top Oil/Gas Pay					
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
norations					l	······································		Depth Casin	ng Shoe	
annen andre andre and andre and annex and annex and annex and an annex										
LIOLE OIZE	T	UBING,	CASIN	G AND	CEMENTI	NG RECOF	FRE	I W E	III	
HOLE SIZE	CAS	ING & TU	BING SI	<u> </u>		DEPTHATE	<u> </u>		SAC S CEM	EN I
				JAN31			1994			
							JAIL 0 =	i .		
TUCT NATA AND DECLE	Ber EAD A		nir			C	HT COI	4. DIV	<u>'•'</u>	
TEST DATA AND REQU L WELL (Test must be afte	rate ruk Al	LLOWA Madama	ABLAR. of load oil	Land must	he equal to or	arcaed top all	DIS!	[. 3	Cor Cult 2d hour	ec 1
ite First New Oil Run To Tank	Date of Test		7 1000 011	1 0/10 //1101	,		ump, gas liji, e		101 Juli 24 110u	/3./
The state of the s										
ngth of Test	Tubing Press	sure			Casing Pressu	re		Choke Size		
tual Prod. During Test	Oil - Bbls.	Oil - Rble			Water - Bbls.			Gas- MCF		
, and the second second	On - Bois.				Water Dollar			020		
AS WELL	·				<u> </u>			4		
tual Prod. Test - MCF/D	Length of Te	est			Bbls. Conden	sate/MMCF		Gravity of C	Condensate	
ting Method (pitot, back pr.) Tubing Pressure (Shut-in)										
				Casing Pressu	re (Shut-in)		Choke Size			
OPERATOR CERTIFIC	CATE OF	COLID		~		·· · · · · · · · · · · · · · · · · · ·		L	·· ······	
I. OPERATOR CERTIFI Thereby certify that the rules and rec				L.C.		OIL CON	ISERV	MOITA	DIVISIO	N
I hereby 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 m	y knowledge and	belief.	α		Date	Approve	d .	JAN 3 1	1994	
to all di	/ // / / / -	<i></i>	V			pp. 010			<u> </u>	
Signature / Signat					By_ Bind Chang					
Printed Name	THR	R15	04	UR.			SUPER	/ISOR DI	STRICT #	2
1-76-94	3	68-	Title 5	7	Title.		***************************************			- .
Date	<u>-</u>	Telep	phone No.		{					
A Delivery of the last of the					LL					

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 mist be filed for each pool in multiply completed wells.