

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator	Harrison Petroleum 37453	Well API No.	30-045-11295
Address	P. O. Box 352, Shiprock, NM, 87420		
Reason(s) for Filing (Check proper box)	<input checked="" type="checkbox"/> Other (Please explain)		
New Well	<input type="checkbox"/>	Change in Transporter of:	<input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/> Change of Operator
Change in Operator	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	A.P.A. Development, Inc. Box 215, Cortez, Co., 81321		

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Navajo	Well No.	11	Pool Name, Including Formation	Many Rocks Gallup 44690	Kind of Lease	NAVAJO	Lease No.	14-20-603-501
Location	Unit Letter E : 260 Feet From The West Line and 1360 Feet From The North Line								
Section	27	Township	32N	Range	17W	NMPM,	San Juan	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	89 Rd., Blmflld., NM, 87413
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 E	Sec. 27	Twp. 32N
			Rge. 17W
Is gas actually connected?		When ?	

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'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RI, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations							Depth Casing Shoe	
HOLE SIZE	TUBING, CASING AND CEMENTING RECORDS		DEPTH SET					
	CASING & TUBING SIZE		SAND CEMENT					
			JAN 31 1994					
			OIL CON. DIV. 1					
			DIST. 3					

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 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 - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut in)	Choke 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 Lee J. Harrison Sr.
Printed Name Leo J. Harrison
Date 1-26-94 Title 3685137
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 31 1994

By Brian D. Shaw
Title SUPERVISOR DISTRICT 18

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.