

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

Form O-104
 Supersedes OIL O-101 and O-102
 RECEIVED

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O. C. D.
 ARTESIA, OFFICE

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| M.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | / |
| PRODUCTION OFFICE | |
| Operator | |

Harlan Oil Company

Address
 P O Box 668, Artesia, N. M. 88210

| | | | |
|----------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--|
| Reason(s) for filing (check proper box) | | Other (Please explain) | |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: | CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>10-1-81</u> UNLESS AN EXCEPTION TO <u>Rule 306</u> IS OBTAINED. | |
| 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

DESCRIPTION OF WELL AND LEASE

| | | | | |
|-----------------------------------|-------------------------|--------------------------------------------------------------------|-----------------------------------------------|------------------------------|
| Lease Name Angell State | Well No. 4 | Pool Name, including Formation Millman Seven Rivers East | Kind of Lease State, Federal or Free State | Lease No. E-7815 |
| Location | | | | |
| Unit Letter P | 988 | Feet From The South | Line and 330 | Feet From The East |
| Line of Section 21 | Township 19 S | Range 28 E | NMFM | County Eddy |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation | Address (Give address to which approved copy of this form is to be sent) P O Box 1183, Houston, Texas 77001 |
| 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) |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Pge. Is gas actually connected? When |
| | I 21 19 28 |

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

COMPLETION DATA

| | | | | | | | | |
|----------------------------------------------------------------|----------------------------------------------------|---------------------------------|----------------------------------------------|----------|--------|-----------|-------------|-------------|
| Designate Type of Completion - (X) | Oil Well <input checked="" type="checkbox"/> | Gas Well | New Well <input checked="" type="checkbox"/> | Workover | Deepen | Plug Back | Stim. Res't | Full. Res't |
| Date Spudded 4/27/81 | Date Compl. Ready to Prod. 7-29-81 | Total Depth 1262' | P.D.T.D. 1258' | | | | | |
| Elevations (DF, RKB, RT, CR, etc.) 3433 G L | Name of Producing Formation Seven Rivers | Top Oil/Gas Pay 1056' | Tubing Depth 1108 | | | | | |
| Perforations 1056-60; 1067-71'; 1076-82; 1088--1098; | | | Depth Casing Shoe 1258 | | | | | |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|---------------|----------------------|--------------|--------------|
| 12" | 8 5/8" | 357' | 100 |
| 7 7/8" | 4 1/2" | 1258' | 250 |
| | 2 3/8" | 1108 | |

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of lead 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 7/29/81 | Date of Test 7/29/81 | Producing Method (Flow, pump, gas lift, etc.) pump | |
| Length of Test 24 hrs | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test 17 | Oil - Bbls. 15 | Water - Bbls. 2 | Gas - MCF small amount, will test later |

GAS WELL

| | | | |
|----------------------------------|-----------------------------|-----------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MCF | Gravity of Condensate |
| Testing Method (front, back pt.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size |

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.

Deborah Hammond
 (Signature)

Secretary

(Title)

8/3/81

(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 10 1981, 19

BY W. A. Gressett

TITLE SUPERVISOR, DISTRICT I

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 calculation of the deviate to total depth on the well in accordance with RULE 111.

All portions 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 change of owner, well name or number, or transporter, or other such change of conditions.