Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
E ,y, Minerals and Natural Resources Departmen

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

RECEIVED

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

OCT 18 '89

ĭ.	1120	TOTE	RANS	POR	T OIL	AND NA	TURAL G	AS				
Operator Hamaonn Oil	7.		**********					Well	API No.		O. C. D.	
Harcorn Oil	30.							30-0	<u> 15-0506</u>	6 '	ARTESIA, OFFICE	
P. 0. Box 28	79, Vict	oria.	Texa	as 7	9702							
Reason(s) for Filing (Check proper box)				<u> </u>		net (Please exp	lain)				
New Well		Change		-	of:		e of Oper					
Recompletion	Oil Casingh	L - 24 Gae [Dry	Gas densate		Effec	ctive Oct	ober 1,	1989			
• • • • • • • • • • • • • • • • • • • •						O Box	2208 , F	0000011	M M	. 000		
and address of previous operator				party	, 1 •	O. DOX	2200 , F	coswerr,	New Mex	x100 882	02	
II. DESCRIPTION OF WEL	L AND LI											
Lease Name		Well No. Pool Name, Includin									Lease No.	
Location							ckson/7 RV QGSA Fed			Federal or Fee		
Unit LetterA	:	660	Feel	From 1	The <u>N</u>	orth Lin	e and66	<u>0</u> . Fo	et From The	East	Line	
Section 4 Town	hip 1	7S	Rang	ge 3	31E	, N	мрм,	Eddy			County	
III. DESIGNATION OF TRA	NSPORT	ER OF	OIL A	ND N	NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Cond	lensate]	Address (Giv	ve address to w	hich approved	copy of this f	form is to be s	ent)	
Name of Authorized Transporter of Car	inohead Gas		or D	ry Gas		Address (Civ		t.i.d.				
NONE	angious Sas	L]	Oi D	iy Gas	<u> </u>	Addiess (O)	ve address to w	nich approved	copy of thus	orm is to be s	ent)	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge			Rge.	Is gas actuall	y connected?	When	?				
f this production is commingled with th V. COMPLETION DATA	at from any o	ther lease o	or pool,	give co	mmingl	ing order num	ber:					
Designate Type of Completic	n - (X)	Oil We	ell	Gas V	Weil	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Con	npl. Ready	to Prod.	l.		Total Depth	·		P.B.T.D.	.1		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay			Tubing Depth			
Perforations									Depth Casing Shoe			
		TT ID D Y		271.5								
TUBING, CASING AN HOLE SIZE CASING & TUBING SIZE						CEMENTI	NG RECOR		т	01010 051		
		ONSING & POSING SIZE				DEF III SET			·	SACKS CEMENT		
											7	
					·		·		ļ			
V. TEST DATA AND REQU	EST FOR	ALLOV	VABL	E		I			_L			
OIL WELL (Test must be afte					nd must	be equal to or	exceed top all	owable for thi	is depth or be	for full 24 hou	urs.)	
Date First New Oil Run To Tank	Date of T	est					ethod (Flow, p					
Length of Test	Tubing P	ressure	· · · · · · · · · · · · · · · · · · ·			Casing Press	II TP		Choke Size	····		
-	The state of the s					Chaing Fredhile						
Actual Prod. During Test	Oil - Bbl	Oil - Bbls.				Water - Bbls.			Gas-MCF Post of C			
CACIMELI						<u> </u>			<u> </u>		10 kg	
GAS WELL Actual Prod. Test - MCF/D	Length o	f Test				Bhis Conde	nsate/MMCF		Consider of		1111	
										Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing P	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIF	CATE O	F COM	(PLIA	ANCI	 E	1			_1			
I hereby certify that the rules and re	gulations of th	e Oil Cons	servation	n	_		OIL COI	NSERV	ATION	DIVISIO	NC	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						Date Approved OCT 2 7 1989						
Nh	. /					Date	e Approve	ed	, , , ,	# \$ 03		
- UATIN	uluu	u			1		0.00	Chian a				
Signature / W / GDDWASAA Agreet						By ORIGINAL SIGNED BY MIKE WILLIAMS						
Printed Name		1071)	Title	7	~//	Title	SUI	PERVISOR	uvio 8. DISTRIA	Ti T		
Date 045, 198-	<u> </u>	<i>505-</i> Т	677 elephon	e No.	60				-, -, OH\IL	<u> </u>		

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 must be filed for each pool in multiply completed wells.