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

State of New Mexico E , Minerals and Natural Resources Departmer

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

RECEIVED

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

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

REQUEST FOR ALLOWARI F AND AUTHORIZATION

ספי או זיים

I.	T	O TRAN				AND NATURAL G			001 10 89
Operator								API No.	CCA
Address Harcorn Oil	Co.							015-05082	
P. O. Box 2	879. Victo	oria. '	l'ex:	as 79	970	2			
reason(s) for rining (Check proper box	9					Other (Please expi	lain)		
New Well Recompletion		hange in T	•		; —	Change of Ope	erator N	[ame	
Change in Operator	Oil Casinghead (_	Ory Ga Conde		\Box	Effective Oc	ctober 1	, 1989	
f change of opentor pive name					<u> </u>				
			Comp	oany.	<u>, P</u>	. O. Box 2208 ,	Roswell	, New Mex	ico 88202
I. DESCRIPTION OF WELL Lease Name				,					
	Went to I con Hanse, in					of Lease Federal or Fee	Lease No.		
Location	<u> </u>	22 0	il'ay	oure	<u> 1</u>	ackson/7 RV QGSA	Fe	Federal or Fee deral	JLC029435 B
Unit LetterL	:1980	F	eel Fi	rom The	e	outh Line and	660 _{Fe}	et From The	West Line
Section 5 Town	ship 17S								uic
			Range			, NMPM,	Eddy		County
II. DESIGNATION OF TRA Name of Authorized Transporter of Oil	NSPORTER	OF OII	AN	D NA	TU				
NONE	o	r Condensa	le			Address (Give address to w	hich approved	copy of this form	is to be sent)
Name of Authorized Transporter of Ca	singhead Gas		or Dry	Gas		Address (Give address to w	hick annual	Lanco Addia 6	
NONE						(3,10 man 23, 10 W	пил иррговеи	copy of this form	is to be sent)
If well produces oil or liquids, give location of tanks.	Unit S	ec. T	Wp.		Rge.	Is gas actually connected?	When	?	
f this production is commingled with the	at from any other	lease or po	ol. eis	ve com	minol	ing order number	l		
V. COMPLETION DATA	·		1 8-			ing older number.			
Designate Type of Completic	on - (X)	Oil Well		Gas We	:11	New Well Workover	Deepen	Plug Back Sa	me Res'v Diff Res'v
Date Spudded	Date Compl.	Ready to P	l rod.			Total Depth	1	DD TD	
								P.B.T.D.	Posted TD-3
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth	Posted ID-3 Tubing Depth Chap Oper				
erforations				Depth Casing Shoe					
								Depth Casing S	shoe
	TU	BING, C	CAST	NG A	ND	CEMENTING RECOR	RD	-!	
HOLE SIZE	CASI	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
									
V. TEST DATA AND REQU	ECT FOR AL	LOWA	N 17						
						be equal to or exceed top all		_	
Date First New Oil Run To Tank	Date of Test				7714651	Producing Method (Flow, pi	ump, eas lift, i	s depth or be for	full 24 hours.)
Locath of Torr						,		,	
Length of Test	Tubing Press	ire				Casing Pressure		Choke Size	
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.		Water - Bbls.		Gas- MCF			
GAS WELL					_				
Actual Prod. Test - MCF/D	Length of Te	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate			
l'esting Method (pitot, back pr.)	Tubing Press	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size			
						_ (====================================			
VI. OPERATOR CERTIF				NCE		011 001	1055:		
I hereby certify that the rules and re Invision have been complied with a	gulations of the ()	il Conserva	ition	٥			VSERV	ATION D	IVISION
is true and complete to the best of n	ny knowledge and	belief.	i auuvi	c		Dota A	י ער	T 0 7 40	on
11R Ch.	leur	ر ر				Date Approve	ea	T 2 7 196) 3
Signature	- marine	- 	,	L	-	By		GIREN RV	
ω .J.	TRAHAM	n Ha	CI	u _			<u>, </u>	- 43	
Printed Name Oct 5 1989	9 /-	م کیر (ہے یہ	Title プフ	73/	^	Title	رون در اور اور اور اور اور اور اور اور اور او	SISTRICT	ia
Date	(-)	Telen	hone !	-261 No	2				

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.