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

State of New Mexico , Minerals and Natural Resources Department

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

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

1915TRICT III 1000 Rio Brazos Rd., Azlec, NM 87410

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

OCT 18 '89

Operator		IO INAN	NOT C	JAT OIL	אוו טווא	TUHAL G		API No.	<del></del>	CLC	
Harcorn Oil	Co.						l l	015-0512	25	ARTESIA, OFFIC	
Address	) = 0										
P. (). Box 28 Reason(s) for Filing (Check proper ba		oria, T	exas	79702		(D)					
New Well	.,	Change in T	mnenze	der of:		er (Please expl e of Open		0.m.o			
Recompletion	Oil	*	ianspor Dry Gas			ctive Oc				1	
Change in Operator	Casinghea		Condens		E116	POTAG OC	roper i	, 1707			
	ondo Oil				. O. Box	2208 , I	Roswell	, New Me	xico 882	202	
I. DESCRIPTION OF WEI	L AND LEA	ASE									
I case Name		Well No. P	ool Na	me, Includi	ing Formation	·····		of Lease		ease No.	
H. E. West	ı.Bıı	19 li	rayb	urg Ja	ckson/7	RV QGSA	Slafe	Federal or Fe	.00291	126В	
Location Unit Letter	19	80 F	icet Pro	n The W	estLin	e and 66	() <b>F</b>	eet From The	North	Line	
Section 10 Town	ship 178						Eddy			County	
						**** ****					
II. DESIGNATION OF TR. Plame of Authorized Transporter of Oi	J — I— I	or Condensa		NATU		e address to w	hich approved	d copy of this f	orm is to be se	ent)	
MONE-MIM	11										
ne of Authorized Transporter of Casinghead Gas or Dry Gas NONE					Address (Give address to which approved copy of this form is to be sent)					ent)	
If well produces oil or liquids, jive location of tanks.	Unit	Sec. T	Wp.	Rge.	Is gas actuali	y connected?	When	1 ?		·	
this production is commingled with t	hat from any oth	er lease or po	ol, give	comming	ling order num	ber:					
V. COMPLETION DATA		Louve			1 11 11111	· · · · · · · · · · · · · · · · · · ·		1			
Designate Type of Completi	on - (X)	Oil Well	6	ias Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spadded	Date Comp	Date Compl. Ready to Prod.				Total Depth			1		
Elevations (DF, RKB, RT, GR, etc.)	R, etc.) Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations								Depth Casing Shoe			
HOLE SIZE	TUBING, CASING AND				CEMENTI						
11.7 E 312E	HOLE SIZE GASING & TUBING SIZE			IZE	<del> </del>	DEPTH SET		- N	SACKS CEMENT		
								Post ID-3			
					··· ·· ·· · · · · · · · · · · · · · ·		15-	18-27-89			
								uch	iche Op		
V. TEST DATA AND REQU	JEST FOR A	LLOWA	BLE		1				0 1		
III. WELL. (Test must be aft	er recovery of ic	sal volume of	f load o	oil and mus					for full 24 how	urs.)	
Date First New Oil Run To Tank	Date of Te	st			Producing M	ethod (Flow, p.	ump, gas lift,	etc.)			
Length of Test	Tubing Pro	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.			Gas- MCF			
GAS WELL	1			<del></del>							
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pro	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VI CORD LIBOR CO.					-\						
VI. OPERATOR CERTIF				1CE			VICEDY.	/ATION	שואופוי	201	
I hereby certify that the rules and regulations of the Oil Conservation					- []	OIL CONSERVATION DIVISION					
Fivision 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					
is the sid complete to the year of	A	and Delici.			Date	a Approve	ed	6127	1989		
11(1) Em	luis	,									
Signature	p		A	1.	By_		OPICIN	AL CIÓNE	D D.		
CO. Graham Agent						MIKE WILMAMS					
Printed Name 0=65, 198	19	ا پارسر،	Title	2/x	Title	)		TSOR, DIS	TDICT 18		
Date (120)	<u> </u>	<u>05-67</u> Telep	hone N	16.				11, OTC	······································		

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.