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

State of New Mexico y, Minerals and Natural Resources Departme

RECFIVED

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

OIL CONSERVATION DIVISION

P.O. Box 2088

O. Diawer DD, Alienz, Nivi 80210		Sant	a Fe,	New Me	xico 87504-208	10.90						
ISTRICT III 200 Rio Brazos Rd., Aztec, NM 87410	REQUE	EST FOI	R AL	LOWAB	LE AND AUTH	ORIZA	TION	D.				
	To	OTRAN	1SPC	ORT OIL	AND NATURA	L GAS		A OFFICE				
perator		Well A			30-015-							
Socorro Petrole				30 013								
P.O. Box 38, Lo	co Hill	s, NM	882	255	Other (Pleas	e explain)						
eason(s) for Filing (Check proper box)	(Change in T	iranspe	nter of:	C Odici (i iem	e expidely						
ecompletion	Oil	r	Dry Ga	. <u>U</u>	Change i	-						
hange in Operator XX	Casinghead				Effectiv							
change of operator give name Harco	rn Oil	Compan	у, ŀ	P.O. Box	2879, Victo	oria,	IX //:					
. DESCRIPTION OF WELL A												
ease Name Turner "B"	Turner "B" Well No. Pool Name, Including Grayburg				g Formation ackson/7 RV		Kind of Lease State, Federal or Fee		Lease No. LC029395B			
ocation h. A.									NC 1			
Unit Letter	:	ا0	Feet Fr	rom The 之	auth Line and _	<u>lele(</u>	Fee	t From The	West	Line		
Section 17 Township	, 17	1S	Range	31E	, NMPM,		Eddy	<i>7</i>		County		
II DESIGNATION OF TRANS	CDANDTEL	O OF OH	LAN	JIN NIATTI	DAL CAS							
II. DESIGNATION OF TRANS Name of Authorized Transporter of Oil	~	or Condens			Address (Give addre	ss to which	approved	copy of this for	m is to be se	nt)		
Texas-New Mexico Pipeline Company					P.O. Box 2528, Hobbs, NM 88240							
Name of Authorized Transporter of Casing Continental Oil Company	me of Authorized Transporter of Casinghead Gas XX or Dry Gas []					Address (Give address to which appr P.O. Box 460, Hobbs			roved copy of this form is to be sent)			
If well produces oil or liquids,	·	Sec.	Twp.	Rge.	le gas actually conne		When		-60			
ive location of tanks.	$\overline{\mathcal{D}}$	29	178	!	VES			Q - L				
If this production is commingled with that I IV. COMPLETION DATA	from any other	er lease or p	iool, gi	ive conuming	ing order number:			· · · · · · · · · · · · · · · · · ·	·			
		Oil Well	_ _l _	Gas Well	New Well World	over	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		.i	i_		ــــــــــــــــــــــــــــــــــــــ	i_		,i		_i		
Date Spudded	Date Comp	ol. Ready to	Prod.		Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	vations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Vil/Gas Pay			Tubing Depth			
Perforations				······	<u> </u>		Depth Casing Shoe					
* Colorations								Defut Casing	, 31106	•		
	7	UBING,	CAS	ING AND	CEMENTING R	ECORD		L				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT Pot 70-3 2-9-50				
								che m				
									J			
V. TEST DATA AND REQUES OIL WELL (Test muss be after t					i be equal to or exceed	l too allow	able for thi	s denth or he fi	or full 24 hou	urs.)		
Date First New Oil Run To Tank	Date of Te		0, .000		Producing Method (
January Trans	-				Casing Pressure			Choke Size				
Length of Test	Tubing Pre	:ssure			Casing litersule			Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF				
	<u> </u>				<u></u>		*·* *· · · · · · · · · · · · · · · · ·	1		 -		
GAS WELL [Actual Prod. Test - MCF/D]	Length of	Test			Bbls. Condensate/A	ikici!		Gravity of C	ondensale			
1101001 1100 1000 1110[7]												
l'esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Clicke Size				
VI ODED ADOD CEDERIC	TATE OF	COM		NCC				<u> </u>				
VI. OPERATOR CERTIFIC I hereby certify that the rules and regu					OIL	CON	SERV	ATION	DIVISIO	NC		
Division have been complied with and	I that the info	orniation giv					F	:D ^ 4	000			
is true and complete to the best of my	knowledge a	and belief.			Date Ap	proved	j <u>ri</u>	B - 9 19	36 U			
Ben W !	Zon	ω										
Signature					By ORIGINAL SIGNED BY							
					MIKE WILLIAMS TITLE SUPERVISOR, DISTRICT IT							
1/8/90	50	5/677-	2360	2		SUFER	413011,					
Dato		Tel	iepłkine	e No.	11							

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
- 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