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

DISTRICT II P.O. Drawer DD, Anesia, NM 88210 State of New Mexico
En , Minerals and Natural Resources Departmen

RECEIVED

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

JAN 10'90

Y

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST	FOR ALI	OWAR	I F AND AUTHORIZ	ATION	( i			
	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					Autenia, S			
Socorro Petroleum Company						Well API Na 30-015-			
Address SOCOTIO PECTOI	eum Company		<del></del>		L			<del> </del>	
P.O. Box 38, L Reason(s) for Filing (Check proper box)	oco Hills, N	VM 882!	55	Other (Please explain	-1			· · · · · · · · · · · · · · · · · · ·	
New Well	Change	in Transport	ter of:	Outer to tease express	• <b>,</b>				
Recompletion	Oil Dry Cas Change in Operator Name								
Change in Operator XX	Effective January 1, 1990								
f change of operator give name Harc	orn Oil Comp	pany, P	.0. Box	c 2879, Victoria,	TX 77	901 			
I. DESCRIPTION OF WELL	AND LEASE								
Lease Name Turner "B"	Meil M	o. Pool Na Gray	ne, Including yburg	ng Formation Jackson/7 RV QGSA		Lease 'ederal <b>entre</b>	LC029	13 <b>95</b> B	
Location Unit Letter	: 660	Feet Fro	on The <u>S</u>	outh Line and 198	O Fee	et From The _	East	Line	
Section Townshi	in 17S	Range	31E	, NMPM,	Edd			County	
	•		·····					County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil			) NATUI		ch approved	comu of this G			
Name of Authorized Transporter of Oil XX or Condensate  Texas-New Mexico Pipeline Company				Address (Give address to which approved copy of this form is to be sent)  P.O. BOX 2528, HObbs, NM 88240					
Name of Authorized Transporter of Casin	glicad Gas [XX]	or Dry (	Cas []	Address (Give address to whi	ch approved	copy of this fo		ini)	
Continental Oil Companif well produces oil or liquids,	<del></del>	1	·	P.O. Box 460,			10		
give location of tanks.	Unit Sec.	Twp. 17S	31E	Is gas actually connected?	When	7	-2-60		
If this production is commingled with that IV. COMPLETION DATA	from any other lease	or pool, giv	e conuning!	ing order number:					
Designate Type of Completion	- (X)	Vell C	ias Well	New Well   Workover	Deepen	Plug Back	Same Res'v	Dill Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth		P.B.T.D.		l	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top UIVGas Pay	Tubing Depth				
Perforations					Depth Casing Shoe				
	TURIN	G CASIN	JC AND	CENTENTING DECOUR		<u> </u>	······································	•	
HOLE SIZE	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE			DEPTH SET	SACKS CEMENT POST ID-3				
		·					2-9-9	0	
	-	<del></del>	<del></del>				chy o	p	
V. TEST DATA AND REQUE				<u> </u>		<u> </u>		<u> </u>	
OIL WELL (Test must be after Date First New Oil Run To Tank	recovery of total volu	une of load o	oil and must	be equal to or exceed top allo			for full 24 hos	us.)	
Date I had new Oil Kull 10 14mg	Date of Test			Producing Method (Flow, pu	rφ, gas iyi, e	uc.j			
Length of Test	Tubing Pressure			Casing Pressure	Choke Size				
Actual Prod. During Test	Oil - Bbls.	· · · · · · · · · · · · · · · · · · ·		Water - Bbls.	Gas- MCF				
GAS WELL				1	<del> </del>	1	<del></del>	<del></del>	
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCI!		Gravity of	Condensato		
Testing Method (pitot, back pr.)	Tubing Pressure (Shul-in)			Casing Pressure (Shut-in)		Choke Size			
TIV OVER 1882 - 2	<u> </u>			<u> </u>		.]			
VI. OPERATOR CERTIFIC  I hereby certify that the rules and regu	ulations of the Oil Co	nservation		OIL CON	ISERV	ATION	DIVISION	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 FEB - 9 1990					
Jenn 5	only	· · · · · · · · · · · · · · · · · · ·				n RV			
Signalure / \ Ben D. Gould Manager				By ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT 19					
Printed Name 1/8/90	505/67			Title SUPERV	TSUR, DI	SIRICII)			
Date		Telephone N	ku.						

## 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 rood in multiply completed wells