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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

JAN 10 '90

I. Operator Socorro Petroleum Company Well API No. 30-015- C. C. D.
Address P.O. Box 38, Loco Hills, NM 82855 ARTESIA, OFFICE
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)
New Well ☐ Change in Transporter of: ☐ Dry Gas ☐
Recompletion ☐ Oil ☐ Casinghead Gas ☐ Condensate ☐ Change in Operator Name
Change in Operator ☒ Effective January 1, 1990
If change of operator give name and address of previous operator Harcorm Oil Company, P.O. Box 2879, Victoria, TX 77901

II. DESCRIPTION OF WELL AND LEASE

Lease Name "Turner "B" Well No. 35 Pool Name, including Formation Aren Seven Rivers QGSA Kind of Lease State Federal or Fee Lease No. LC029395B
Location Unit Letter N : 330 Feet From The South Line and 2310 Feet From The West Line
Section 17 Township 17S Range 31E , NM PM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
NONE SI
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
NONE
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When ?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations Depth Casing Shoe
TUBING, CASING AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
Post FO-3
2-9-90
chgo

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)
Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)
Length of Test Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
Ben D. Gould Manager
12/90 505/677-2360
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB - 9 1990
By ORIGINAL SIGNED BY MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

NOTES: This form is to be filed in compliance with Rule 1104
allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
11.
of this form must be filled out for allowable on new and recompleted wells.
Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Form C-104 must be filed for each pool in multiply completed wells