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

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

## State of New Mexico y, Minerals and Natural Resources Departmen.

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

RECEIVED

DISTRICT III	_	Santa	Fe, New M	lexico 875	04-2088	•				
1000 Rio Brazos Rd., Aztec, NM 8741 I.	HEQUEST				AUTHORI TURAL G			ı	OCT 18 '89	
Operator							API No.		O. C. O.	
Harcorn Oil	Co.					30-0	15-		ATESIA, OFFICE	
	379, Victoria	a. Te	exas 7970	2						
Reason(s) for Filing (Check proper box		~,	1710		ner (Please expl	ain)				
New Well			asporter of:		e of Ope					
Recompletion Change in Operator	Oil Casinghead Gas	_ `	y Gas Lindensate	Effe	ctive Oc	tober 1,	, 1989			
If change of operator give name Ho	ondo Oil & Ga			O Box	2208	Pograol 1	Nov. Mo	200		
and address of previous operator	ondo oli a da	15 00	mpany, 1	. 0. DOX		noswell,	, New Me	XICO 005	202	
II. DESCRIPTION OF WEL		· · · ·								
Lease Name Turner "A" Location		- 1	ol Name, Including Jacks	_	QGSA		of Lease Federal or Fe		ease No.	
Unit LetterL	:2220	Fe	et From The $\underline{S}$	outh Lin	ne and <u>440</u>	Fe	et From The.	West	Line	
Section 18 Town	ship 17S	Ra	nge 31E	, N	мрм,	Eddy			County	
III DESIGNATION OF TD	NEDODTED OF	2 011	A BID BLADD	IDAT CAG						
III. DESIGNATION OF TR. Name of Authorized Transporter of Oi		ndensate			ve address to w	hich approved	copy of this f	orm is to he se	nt)	
SHUT IN WIW				Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Ca	singhead Gas	or or	Dry Gas	Address (Gi	ve address to w	hich approved	copy of this f	orm is to be se	ni)	
If well produces oil or liquids, give location of tanks.	Unit Sec.	Which is								
If this production is commingled with to IV. COMPLETION DATA	· · · · · · · · · · · · · · · · · · ·		l, give commin	gling order num	iber:					
Designate Type of Completi	on - (X)	Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Rea	dy to Pro	od.	Total Depth			P.B.T.D.	osted I	D-3	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe			
							Depth Cash	ig Snoe		
	CEMENT	NG RECOR	D							
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
				<del>                                     </del>						
V. TEST DATA AND REQU	IEST FOR ALL	MIAD	1 T2							
<u> </u>	er recovery of total vo			st he equal to a	r exceed ton all	ouable for thi	e denth or he	for full 24 hour	1	
Date First New Oil Run To Tank	Date of Test	<del></del>			lethod (Flow, p			jor juli 24 nou	73.)	
Length of Test							10 10			
rengui of rest	Tubing Pressure	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbl	Water - Bbls.			Gas- MCF		
GAS WELL	<del></del>			_1,						
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
results inculou (puor, oesca pr.)	Tuoning 1 resource	(Silut-III)	,	Casing Free	sure (Snut-III)		Choke Size	1		
VI. OPERATOR CERTIF I hereby certify that the rules and r Division have been complied with	egulations of the Oil C and that the informatio	onservati n given a	ion		OIL COI	NSERV	ATION	DIVISIO	DN	
is true and complete to the best of		ief.		Dat	e Approve	ed _ <b>OC</b>	T 2 7 1	989		
al STARL	w		A		<u>-</u> .					
Signature U.S. 6 paperson Agent					By <u>CRICINAL SIGNED BY</u> MIKE WILLIAMS					
Printed Name / Title					Title SUPERVISOR, DISTRICT II					
Date Oct - 1983	7 505	677 Telenh	7 2360		<u></u>		, 2,0,,,,	1A		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

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.

Telephone No.

- 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.

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