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

DISTRICT II P.O. Drawer DD, Antesia, NM 88210 State of New Mexico

Enc 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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

RECEIVED

OCT 18 '89

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ſ <b>.</b>		TO TRA	ANSPO	ORT OIL	AND NA	TURAL G	AS			_	
Operator			***			<del></del>		API No.		O. C. D.	
Harcorn Oil Address	Co.		<del></del>			·	30-0	)15-		RTESIA, OFFICE	
P. O. Box 28	70 Vict	oria	Ψονο	c 70709	<b>,</b>						
Reason(s) for Filing (Check proper box	17, VICO	or ra,	16.4	5 19102		er (Please expl	ain)				
New Well		Change is	Transpo	rter of:	_	e of Ope	-	ame			
Recompletion	Oil		Dry Ga			ctive Oc					
Change in Operator XX  I change of operator give name HO	Casinghea		Conden				•				
and address of previous operator	ndo Oil	& Gas	Compa	any, P.	0. Box	2208 ,	Roswell,	New Me	xico 882	202	
I. DESCRIPTION OF WELI	L AND LEA	ASE								•	
Lease Name	Well No. Pool Name, Including							f Lease No.			
Turner "A"		15Gray	burg	Jackso	n/7 RV	QGSA	Federa:	Federal or Fe	1029395A		
Unit LetterF	:165	0	_ Feet Fn	om The No	orth Lin	e and _1980	Fe	et From The	West	Line	
Section 19 Towns	hip 17S		Range	31E		мрм,		~· 1 10111 1110 .		_	
						WIF IVI	<u>Eddy</u>			County	
II. DESIGNATION OF TRA	NSPORTE			D NATU							
Name of Authorized Transporter of Oil or Condensate					Address (Give address to which approved copy of this form is to be sent)					nt)	
	NONE - WTW  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					(Sine was as to waith approved copy of this form is to be sent)						
If well produces oil or liquids, give location of tanks.	Sec.	Twp.	Rge.	le gas actuall	s gas actually connected? When ?			?			
f this production is commingled with th	at from any oth	er lease or	pool. giv	e comminel	ing order num	her					
V. COMPLETION DATA					ing older hall		<del></del>				
Designate Type of Completio	n - (X)	Oil Wel	1 6	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	•			<del></del>	Total Depth			10070			
								P.B.T.D. Posted ID-3			
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing F	ormation		Top Oil/Gas	Pay		Tubing Dep	th Cha (	Open	
Perforations									10	Open -27-89	
						-		Depth Casin	ag Shoe		
	η	UBING	, CASI	NG AND	CEMENTI	NG RECOR	RD.	<u>.l</u>	<del></del>		
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
	<del></del>							-			
( mnom n.m								<del>                                     </del>			
V. TEST DATA AND REQU OIL WELL (Test must be after				., ,		_					
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Te		e oj ioaa	ou ana musi	Producing M	r exceed top all lethod (Flow, p	lowable for the	s depth or be	for full 24 hou	rs.)	
Length of Test	Tubing Pre	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	l Prod. During Test Oil - Bbls.				Water - Bbis.			Gas- MCF			
						•					
GAS WELL		· · · · · · · ·						<del>-1</del>			
Actual Prod. Test - MCF/D	Length of	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pr	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
restriction (protein section protein	(priest) seem pr. )				Castal Licensia (Diller In)			CHORD DILL			
VI. OPERATOR CERTIF	ICATE OI	F COM	PLIA	NCE	1			<del></del>		· · · · · · · · · · · · · · · · · · ·	
I hereby certify that the rules and re	gulations of the	Oil Cons	ervation			OIL CO	NSERV	ATION	DIVISIO	NC	
Division have been complied with and that the information given above is true and complete to the bast of my knowledge and belief.						Date Approved OCT 2 7 1989					
. Ah	lun	_			Dat	e Approve	ed _ULi	2 7 19	189		
000	uur		A		∥ ∥ By_	OBI	GINAL SI	GNED AY	,		
Printed Name  Con S. 1989  SOS: 677 2360					MIKE WILLIAMS						
					Title	Title SUPERVISOR, DISTRICT IF					
Date	<u>ئے۔۔۔۔۔</u>		6//	<u>~260</u> №.							

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.