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

State of New Mexico gy, Minerals and Natural Resources Department.

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

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

OIL CONSERVATION DIVISION P.O. Box 2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

OCT 18 '89

			OIL AND NATURAL GAS		000	
erator Harcorn Oil Co.				Well API No.	ARTESIA, OFFIC	
P. O. Box 287	9, Victoria,	Texas 7790	02			
eason(s) for Filing (Check proper box) ew Well ecompletion hange in Operator	Change Oil Casinghead Gas [☐ Change of Operat☐ Effective Octob	or Name per 1, 1989		
change of operator give name Hone d address of previous operator	do Oil & Gas	Company, I	P. O. Box 2208 , Ros	swell, New Mexic	:0 88202	
. DESCRIPTION OF WELI				T-2		
case Name Friess Federa	1 Well N	1	cluding Formation g Jackson-7RV QGSA	Kind of Lease State Federal or Fee Federal	Lease No. NMLC060407	
ocation Unit Letter	:1980		South Line and 1980	Feet From The	,	
Section 19 Towns	hip 17S	Range 3	1E , nmpm ,	Eddy	County	
I. DESIGNATION OF TRA lame of Authorized Transporter of Oil Shut In	or Con	densate	Address (Give address to which			
lame of Authorized Transporter of Cas	inghead Gas	or Dry Gas	Address (Give address to which	Address (Give address to which approved copy of this form is to be sent)		
well produces oil or liquids, we location of tanks.	Unit Sec.	_i_i_i_	Rge. Is gas actually connected?	When ?		
this production is commingled with the COMPLETION DATA	at from any other lease			Deepen Plug Back S.	ame Res'v Diff Res'v	
Designate Type of Completion	n - (X)	i	<u> </u>		i	
ate Spudded	Date Compl. Read	y to Prod.	Total Depth	P.B.T.D.	PastedII	
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay	Tubing Depth	Postal ID	
erforations				Depth Casing		
			ND CEMENTING RECORD			
HOLE SIZE	CASING &	TUBING SIZE	DEPTH SET	SA	SACKS CEMENT	
		TWA DV E				
. TEST DATA AND REQU IL WELL (Test must be afte			must be equal to or exceed top allow	wable for this depth or be for	r full 24 hours.)	
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pur	np, gas lift, etc.)		
ength of Test	Tubing Pressure		Casing Pressure	Choke Size	Choke Size	
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.	Gas- MCF	Gas- MCF	
GAS WELL						
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF	Gravity of Co	Gravity of Condensate	
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
I hereby certify that the rules and re Division have been complied with a is true and complete to the best of r	gulations of the Oil Co	onservation ngiven above	OIL CON	SERVATION E 0CT 2 7 198		
Signature W J 6K Printed Name	AHAM I	Agent Title	ByNIKI	MUSIC CIGIVED BY WILLIAMS ERVISOR, DISTRICT	г г	
Date Date	70708	Telephone No.	···		•	

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.