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

State of New Mexico gy, Minerals and Natural Resources Departs

RECEIVE DRevised 1-1-89 See Instructions at Buttom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

JAN 1 n '90

O. Drawer DD, Artesia, NM 88210		Ç _a		P.O. Box Jow Mes		4-2088		JAN I) 3U .	1	
ISTRICI III 200 Rio Brazos Rd., Aziec, NM 87410	Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION OF AND NATURAL GA						ZATION O. C. D.				
perator	TO TRANSPORT OIL AND NATURAL GAS								_		
Socorro Petrole	um Com	pany						30-01	5-		
ddiess P.O. Box 38, Lo	co Hil	ls, NM	8825	5							
eason(s) for Filing (Check proper box)					Othe	t (l'lease expla	in)				
ew Well U	Oil		Transporte Dry Gas	er ol:	Char	nge in Op	erator 1	Vaine			
hange in Operator	Casinghead	i Gas 🔲	Condensa		Effe	ective Ja	muary 1	, 1990	· · · · · · · · · · · · · · · · · · ·		
d address of previous operator Harco	rn Oil	Compa	ny, P.	0. Вох	2879,	Victoria,	TX 77	901			
. DESCRIPTION OF WELL A	NID LIEA	CE									
ease Name		Well No.	Pool Nan	e, Includin	g Formation	7 RV QGSA	Kind o			esso Na	
Turner "B" (в)	12	Gray	burg J	ackson/	RV QGSA	33,000	ederal (LC029	9395B	
Unit Letter	. 330)	Seet From		seth sine	1981 bus	O Fee	t From The _	East	Line	
20	•	 7s		31E			Edd				
Section 20 Township			Range		, NI	<u> </u>				County	
II. DESIGNATION OF TRANS Name of Authorized Transporter of Oil		R OF O		NATUI		e address to wh		2.05.2			
Texas-New Mexico Pipeli	IXXI		usaice [Box 2528	• •	••••		enij	
ne of Authorized Transporter of Casinghead Gas XX or Dry Gas					Address (Give address to which approved copy of this form is to be sent)						
Continental Oil Company	 .					Box 460,			10		
if well produces oil or liquids, ive location of tanks.	Unit 1 D	ა ა. 29	Twp. 175	Rge. 31E	Is gas admily connected? When Yes			1 10-24-60			
this production is commingled with that it. V. COMPLETION DATA	roin any oth		1	L	·	bei: C	TB-20		1-00		
	· · · · · · · · · · · · · · · · · · ·	Oil We	II G	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Dill Res'v	
Designate Type of Completion Date Spudded		_l	i			j	İ		<u>i</u>	_i	
Date Spiniter	Date Com	pi. Keady i	w Prod.		Total Depth			P.B.T.D.			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Uil Gas Pay			Tubing Depth			
Perforations	<u> </u>								Dejali Casing Shoe		
								Depui Casii	ig Shoe	•	
	7	TUBING	, CASIN	G AND	CEMENTI	NG RECOR	D	.!			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT PM TD-3 2-9-90		
								<u> </u>			
								My gr			
V. TEST DATA AND REQUES				•	J			· <u> </u>			
OIL WELL (Test must be after r Date First New Oil Run To Tank			e of load o	il and must		r exceed top all lethod (Flow, p			for full 24 ho	ws.)	
Describe Lieu Oll Von 10 14m	Date of Test				r reducing m	enion (1-10m, p	mih' kan idi'				
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Ubla			Gas- MCF			
GAS WELL										•	
Actual Prod. Test - MCF/D	Langth of Test				Bbls. Condensate/MMCIf			Cravity of Condensate			
l'esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Clioke Size			
VI ODED AMOD CONTROL	1	n ac:	451		-\r			1			
VI. OPERATOR CERTIFIC I hereby certify that the rules and regularision have been complied with and	lations of th	e Oil Con	servation			OIL CO	NSERV	ATION	DIVISI	ON	
is true and complete to the best of my				•	Dat	e Approv	od 5	F8 - 9	1000		
//	1		_		II Dal	o appioni	cu	<u> </u>	1.777		

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

Signature

Date

Ben D

Printed Name

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

By.

Tille

ORIGINAL SIGNED BY

SUPERVISOR, DISTRICT I

MIKE WILLIAMS

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Manager Tille

-2360

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 rool in multiply completed wells