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

State of New Mexico J. Minerals and Natural Resources Departine Et.

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

RECEIVED

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION	
TO TRANSPORT OIL AND NATURAL GAS	

IAN 10'00

					AND NAT	URAL GA			DHM TO 3	J U
perator Det real or	ım Como						Well Al	1 No. 30-01!	₅ _0. c. p	
Socorro Petrole	um comp	апу							ARTESIA, OFF	ice .
P.O. Box 38, Loc	co Hill	s, NM	8285	5						
eason(s) for Filing (Check proper box)		Change in '	T	- a a (ı	Othe	r (Please explai	in)			
lew Well	Oit		Dry Gas	[]	Cha	nge in Op	perator	Name		
Thange in Operator	Casinghead			ie 📋	Eff	ective Ja	anuary 1	, 1990		
change of operator give name Harce	orn Oil	Compa	ny, P	.0. Bo	x 2879,	Victoria	, TX 77	901		
I. DESCRIPTION OF WELL A	NID I EA	er.								
. DESCRIPTION OF WELL P Lease Name "Turner" "B"					ig Formation	QG5#	Kind of State	Lease ederator Fee	LC029	ase Na 9395B
ocation Unit Letter	. 2310)				and الع	○ Fee	t From The _	East	Line
Section 20 Township	178) 	Range	31E	, NI	arm,	Eddy			County
II. DESIGNATION OF TRANS	SPARTEI	or of	H. AND	NATH	RAL GAS					
Name of Authorized Transporter of Oil NONE SI		or Conden				e acktress to wh	ich approved	copy of this fe	orm is to be se	nt)
Name of Authorized Transporter of Casing NONE	head Gas or Dry Gas				Address (Give address to which approved copy of this form is to be s				orm is to be se	nt)
If well produces oil or liquids, ive location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actuall	y connected?	When	7		
f this production is commingled with that f V. COMPLETION DATA	rom any oth			commingl	ing order num					
Designate Type of Completion	- (X)	Oil Well	l G	as 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					l			Depth Casing Shoe		
	1	UBING,	ÇASIN	IG AND	CEMENTI	NG RECOR	D			
HOLE SIZE	CA	SING & TI	UBING S	IZE	DEPTH SET			SACKS CEMENT		
								Port ID-3 2-9-90		
	<u> </u>				ļ				-1-7-0	<u>)</u>
									7	·
V. TEST DATA AND REQUES								- 446 6	C C-U 24 b	
OIL WELL (Test must be after to Date First New Oil Run To Tank	Date of Te		e of load o	ul and mus		r exceed top all lethod (Flow, p			JOF JULI 24 NOL	urs.j
Length of Test	gth 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			
l'esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut in)			Choke Size		
VI. OPERATOR CERTIFIC	LATE O	F COM	PLIAN	1CE	1	<u> </u>		1	D1110	
I hereby certify that the rules and regularision have been complied with and	lations of the	e Oil Conse	ervation iven above			OIL CO				ON
is true and complete to the best of my	knowledge :	and belief. <i>0</i>)		Dat	e Approvi	edF	FB - 9	1960	
Joena Gould					Date Approved FEB - 9 1990 By Mike Williams					
Signature Ben D. Gould Manager Printed Name Title					Title SUPERVISOR, DISTRICT II					
1/2/90 Date	5	05/677 าง			1 1 1 1 1	٠				

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 revol in multiply completed wells