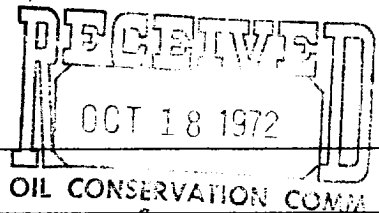


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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65



Operator Harcogan Petroleum Corporation	
Address P. O. Box 1737, Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of: ☐
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

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OCT 18 1972

ARTIFICIAL LIFT

Lease Name Catclaw Draw Unit	Well No. 3	Pool Name, Including Formation Catclaw Draw Morrow	Kind of Lease State, Federal or Fee State	Lease No. L-1898
Location Unit Letter <u>10</u> Feet From The <u>920</u> North Line and <u>992</u> Feet From The <u>920</u> West				
Line of Section <u>36</u> Township <u>21</u> South Range <u>25</u> East, NMPM, Eddy County				

Name of Authorized Transporter of Oil ☐ or Condensate ☒ The Permian Corporation		Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, Texas 79701		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Llano, Inc.		Address (Give address to which approved copy of this form is to be sent) P. O. Box 1320, Hobbs, N. Mex., 88240		
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 36	Twp. 21S	Rge. 25E
Is gas actually connected?		When 10-17-72		

If this production is commingled with that from any other lease or pool, give commingling order number: Fed./St. Unit-Order#R-400

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
			X	X					
Date Spudded 5/10/72	Date Compl. Ready to Prod. 8/7/72	Total Depth 10933		P.B.T.D. 10893					
Elevations (DF, MAB, RT, OR, etc.) 3480 KD	Name of Producing Formation Morrow	Top Oil/Gas Pay 10870		Tubing Depth 10409					
Perforations 10870-826				Depth Casing Shoe 10933					
TUBING, CASING, AND CEMENTING RECORD									
ACCE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
1 1/2	13 3/8		493		400 circ				
2 1/4	8 5/8		2130		950 circ				
7 7/8	5 1/2		10933		350				
	2 3/8		10409		-				

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or so for full 24 hours)			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

Actual Prod. Test-MCF/D 5,000	Length of Test 4 Hr.	Bbls. Condensate/MMCF Dry	Gravity of Condensate -
Testing Method (flow, pack, etc.) Positive Chokes	Tubing Pressure (Gauge-24) 3254 DWT	Casing Pressure (Gauge-24) Pkr.	Choke Size Varies (A)

VI. CERTIFICATION OF COMPLIANCE		OIL CONSERVATION COMMISSION OCT 20 1972	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED _____, 1972	
_____ Oil and Gas Inspector		BY <u>W. A. Gussitt</u>	
_____ (Title)		TITLE <u>OIL AND GAS INSPECTOR</u>	
_____ Date		This form is to be filed in compliance with RULE 1104.	
		If this is a request for allowable for a newly drilled or well, this form must be accompanied by a tabulation of tests taken on the well in accordance with RULE 1104.	
		All sections of this form must be filled out only on new and recompleted wells.	
		Fill out only Sections I, II, III, and VI.	
		Well name or number, or tract, or other data.	
		Separate Forms C-104 must be filed for all completed wells.	