

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

RECEIVED

MAR 23 1981

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator HARPER OIL COMPANY	
Address 904 Hightower Building, Oklahoma City, Oklahoma 73102	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) Request a testing allowable of 250 barrels of Condensate produced from Strawn Corps 7403-12	

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Newlin	Well No. 1	Pool Name, including Formation Strawn Sand	Kind of Lease State, Federal or (Fee)	Lease No.
Location				
Unit Letter <u>K</u> ; <u>1980</u> Feet From The <u>West</u> Line and <u>1980</u> Feet From The <u>South</u>				
Line of Section <u>24</u> Township <u>6S</u> Range <u>29E</u> , NMPM, Chaves County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Bigheart	350 City Center Bldg., Oklahoma City, Okla.					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 24	Twp. 6S	Rge. 29E	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X					
Date Spudded 9-6-80	Date Compl. Ready to Prod. 2-27-81	Total Depth 8325'	P.B.T.D. 7525'					
Elevations (DF, RKB, RT, GR, etc.) 4162.5 GL; 4174.5 KB	Name of Producing Formation Strawn Sand	Top Oil/Gas Pay 7403'	Tubing Depth 7477'					
Perforations 7403'-7412'			Depth Casing Shoe 8324'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	8336'	375
12 1/4"	8 5/8"	2037'	1250
7 7/8"	5 1/2"	8323'	550

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be 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

GAS WELL

Actual Prod. Test MCF/D 300	Length of Test 24 hours	Bbls. Condensate/MMCF 30	Gravity of Condensate 46.8 (Corr.)
Testing Method (pilot, back pr.) orifice tester	Tubing Pressure (Shut-in) 1850#	Casing Pressure (Shut-in) packer	Choke Size 11/64"

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation
Division have been complied with and that the information given
above is true and complete to the best of my knowledge and belief.

OIL CONSERVATION DIVISION

APPROVED MAR 27 1981, 19
BY W. G. Gussert
TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened
well, this form must be accompanied by a tabulation of the deviation
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow-
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of owner,
well name or number, or transporter, or other such change of condition.Separate Forms C-104 must be filed for each pool in multiply
completed wells.