

DISTRIBUTION			
SANTA FE		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
FILE		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
OPERATOR		<input checked="" type="checkbox"/>	
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-1
Effective 1-1-63

RECEIVED BY

JUL 20 1987

O. C. D.

ARTERIAL OFFICE

Operator
Harvard Petroleum Corp.

Address
P.O. Box 936, Roswell, NM 88201

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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Queso State	Well No. 1	Pool Name, including Formation Undesignated W. Pecos Slope Abo	Kind of Lease State, Federal or Fee State	Lease No. LG-5564
Location Unit Letter <u>M</u> ; <u>990</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>34</u> Township <u>5S</u> Range <u>22E</u> , NMPM, <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Pacific Atlantic Marketing, Inc.
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1188, Houston, TX 77251-1188
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? No When 7-21-87

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 2-14-87	Date Compl. Ready to Prod. 6-1-87	Total Depth 3450	P.B.T.D. 3364					
Elevations (DF, RKB, RT, GR, etc.) 4081 GR	Name of Producing Formation Abo	Top Oil/Gas Pay 2925	Tubing Depth 3125'					
Perforations 2925' - 3324'			Depth Casing Shoe 3440					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	850	500 sx
7 7/8	4 1/2"	3440	550 sx
	2 3/8	3125	

V. 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 873	Length of Test 1 hr	Bbls. Condensate/MCF -	Gravity of Condensate -
Testing Method (pilot, back pr.) Back Press.	Tubing Pressure (shut-in) 994	Casing Pressure (shut-in) 987	Choke Size .250

VI. CERTIFICATE OF COMPLIANCE

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.

Jeff Teare
(Signature)

Drilg. & Prod. Eng.
(Title)

7-16-87
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 6 1987, 19

BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector

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 deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable 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 filled for each pool in multiple.