

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

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

RECEIVED

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

DEC 21 '89

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Harken Exploration Company		Well API No.
Address P. O. Box 10626, Midland, TX 79702		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of operator give name and address of previous operator Spectrum 7 Exploration Co., P.O.Box 10626, Midland, TX 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "24"	Well No. 1	Pool Name, Including Formation E.Red Lake Queen Grayburg	Kind of Lease State, Federal or Fee	Lease No. LG-3965
Location Unit Letter <u>0</u> : <u>1980</u> Feet From The <u>East</u> Line and <u>660</u> Feet From The <u>South</u> Line Section <u>24</u> Township <u>16S</u> Range <u>28E</u> , NMFM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, Artesia, NM 88210	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 90, Maljamar, NM 88264	
If well produces oil or liquids, give location of tanks.	Unit <u>0</u>	Sec. <u>24</u>
	Twp. <u>16S</u>	Rge. <u>28E</u>
	Is gas actually connected? Yes	When? 5/12/87

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 12/02/86	Date Compl. Ready to Prod. 1/10/87		Total Depth 2250'		P.B.T.D. 1682'			
Elevations (DF, RKB, RT, GR, etc.) 3571.0' GR	Name of Producing Formation Penrose		Top Oil/Gas Pay 1537'		Tubing Depth 1604'			
Perforations 1537', 39', 53', 54', 55', 56', 62', 63', 74', 75', 97', 99'					Depth Casing Shoe 1740'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4 7 7/8	CASING & TUBING SIZE 8 5/8 5 1/2 2 3/8		DEPTH SET 327 1740 1604		SACKS CEMENT 250 196 <u>Post 10-3</u> <u>1-6-90</u> <u>sky ap</u>			

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 Tank	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 - MMCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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.

Jim McAninch  
Signature

District Operations Manager

Printed Name Title

12-20-89 (915) 684-7732

Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 26 1989

By ORIGINAL SIGNED BY

MIKE WILLIAMS

Title SUPERVISOR, DISTRICT II

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 pool in multiply completed wells.