mit 5 Copies propriate District Office STRICT 1 3. Box 1980, Hobbs, NM 88240

ISTRICT II O. Drawer DD, Artesia, NM 88210

State of New Mexico Enc. of, Minerals and Natural Resources Department. Form C-104
Revised 1-1-89
See Instructions
RECEIVEDat Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

JAN 10'90

DISTRICT III		Dam	.d 1 C, 1	NCW IVIC	(100 07504 2000		JAN 10'S	10			
000 Rio Brazos Rd., Aztec, NM 87410	REQU	EST FO	R ALL	OWABI	E AND AUTHORIZA	NOITA					
TO TRANSPORT OIL AND NATURAL GAS							O. C. D.				
Operator	Well APLANTESIA, OFFICE 30-015-05054										
Socorro Petroleum Company							30-013- 03031				
Address	11a NR	4 8825	5								
P.O. Box 38, Loco Hi Reason(s) for Filing (Check proper box)	.112, 1/1	1 0023			Other (Please explain))					
Vew Well		Change in T	'ransporte	er of:					į		
Recompletion	Oil		Ory Gas		Change in Oper				}		
Change in Operator	Casinghead		Condensa	ite []	Effective Janu	ary 1,	1990				
change of operator give name			nv. F	2.0. Bo	x 2879, Victoria,	TX 77	901				
nd address of previous operator Hard	JOIN OI.	r compa	<u>, , </u>								
I. DESCRIPTION OF WELL A	AND LEA								No.		
Well No. Pool Name, Including Formation Well No. Grayburg Jackson/7 RV QGSA							Lease detailor Fee	LC0294	se Na 26A		
Location o	l							L			
	. 19	80	Cast Cro	That N	orth Line and 1981	O Feel	From The	ast	Line		
Unit Letter	- :		rea mo	m me <u>u</u>	Like and		1101111110				
Section 3 Township	17s		Range	31E	, NMPM,	Eddy			County		
					241.040						
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	or Condens		NATU	Address (Give address to whice	h approved o	ony of this form	is to be sen	<u> </u>		
Texas-New Mexico Pi	perine	Company	, [P.O. Box 2528	Hobbs	NM 882	40	•		
Name of Authorized Transporter of Casing			or Dry C	Jas [Address (Give address to which	h approved o	opy of this form	is to be sen	1)		
Continental Oil Com		حجم	•		P.O. Box 460,	copy of this form is to be sent) NM 88240					
If well produces oil or liquids,	Unit	•	Twp.		Is gas actually connected?	When '	5-6-	60			
give location of tanks.	A	4	17S	31E	465	l					
If this production is commingled with that	from any oth	er lease or p	nool, give	commingl	ing order number:		. 				
IV. COMPLETION DATA		Lovinia		W-11	L Name Well L Westerner	1)	Plug Back Sa	me Dee'u	Diff Res'v		
Designate Type of Completion	- (X)	Oil Well	10	as Well	New Well Workover	Deepen	Ling Back 12s	the Ker A	pill ketv		
Date Spudded		_l pl. Ready to	Prod		Total Depth	1	P.B.T.D.		J		
Date Spikiller	Date Com	in. Kaady to	Tiod.				1.0.1.0.				
Elevations (DF, RKB, RT, GR, etc.)	Name of F	roducing Fo	rmation		Top Oil/Gas Pay	Tubing Depth					
	ļ	ŭ									
Perforations				· · · · · · · · · · · · · · · · · · ·	<u> </u>		Depth Casing S	hoe			
							<u> </u>				
					CEMENTING RECORE)					
HOLE SIZE	CASING & TUBING SIZE			SIZE	DEPTH SET	SACKS CEMENT Post ID- 3 2-9-90					
	_					3-7-70					
								or of	<u></u>		
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABLE		<u> </u>		.l				
				oil and mus	t be equal to or exceed top allo	walde for thi	s depih or be for	full 24 how	rs.)		
Date First New Oil Run To Tank	Date of T				Producing Method (Flow, pu						
ļ	1						.,				
Length of Test	Tubing P	ieszne			Casing Pressure		Choke Size				
					Water - Bbls.		Gas- MCF				
Actual Prod. During Test	Oil - Dbl	5 .			ANGL - DOIP		- WICE				
							1				
GAS WELL [Actual Prod. Test - MCF/D]	Length o	I Tosi			1861s, Condensate/MMCF		Gravity of Co	ndensala			
Actual Prod. 1681 - MCP/D	rengu o				pois. Concernmentalities						
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)	Choke Size						
Committee (partitional prints)		•	-								
VI. OPERATOR CERTIFIC		E COM	DI IAI	NCE							
I hereby certify that the rules and reg				100	OIL CON	USERV	ATION [DIVISIO	NC		
Division have been complied with an	d that the in	formation gi	ven abov	/e							
is true and complete to the best of m	y knowledge	and belief.			Date Approve	hd l	FEB - 9	1990			
N ~ //	7	0			Date Applove	,u					
1 den no	Zon	ex			n				•		
Signature		١ _			ByCRIG	INAL Sic	HLU BY				
Ben D. Gould Manager					MIKE WILMAMS Title SUPERVISOR, DISTRICT IT						
Printed Name 1/2/90		505/	Tille /677-2	2360	IIIIeSUPE	MVISUR.	DIPIRICT I	<u></u>			
Date			lephone								
					!						

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.
- 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 root in multiply completed wells







Job separation sheet

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

DISTRICT II P.O. Drawer DD (Antesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Departmen

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQUE		ALLOWAB			, ZATION		OCT	18'89
			SPORT OIL					C	<u> </u>
Operator						Well A			SIA, OFFICE
Harcorn Oil Co	•					30-01	<u> 15- 0505</u>	7†	
Address D. Dow 2870	Winton	is Mor	70700						
P. O. Box 2879 cason(s) for Filing (Check proper box)	, VICTOR	la, Tex	as 19102	Oth	er (Please expla	in)			
lew Well	r	hange in Tra	nsporter of:		of Opera		10		
Recompletion	Oil		Gas 🗆	_	tive Octo				
Change in Operator XX	Casinghead (E1160	OTAB OCO	pnet. I'	1909		
•	-		ipany, P.	O. Box	2208 , Ro	oswell,	New Mex	ico 8820	02
I. DESCRIPTION OF WELL	,		ol Name, Includi	Co-mation		Vind o	of Lease	1.	ease No.
Lease Name II. E. West "A"	1		yburg Jac	_	DV OOGA		Federal or Fee Pal		
Location		11 (112	yourg Jac	7 VIIO 6 W	Many Au	11606	aral	_TIM15244	20821
Unit LetterG	_ :198	0Fe	et From The $\frac{Nc}{2}$	orth Lin	e and19	80 Fee	et From The _	East	Line
Section 3 Township	p 17S	Ra	nge 31E	, N	мрм,	Eddy	<i>y</i>		County
II. DESIGNATION OF TRAN	SPORTER	OF OIL	AND NATI	RAL GAS					
Name of Authorized Transporter of Oil		r Condensate			ve address to wh	ich approved	copy of this fo	orm is to be se	nt)
Enron Oil Tra	L	ranspoi	tation		P. O. Box	x 1188,	Houston	ı, Tx 77	251-1188
Name of Authorized Transporter of Casing			Dry Gas		ve address to wh	ich approved	copy of this fo	orm is to be se	nt)
Continental C	il Compa	ıny		P. 0.	Box 460,	Hobbs,	New Mex	cico 882	40
If well produces oil or liquids,	Unit S	ec. Tw		ls gas actual	ly connected?	When			
ive location of tanks.	A		17S 31E	·	les.	1 5/	6/60		
this production is commingled with that V. COMPLETION DATA	from any other	lease or poo	l, give commingl	ing order nurr	iber:		 	· · · · · · · · · · · · · · · · · · ·	
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl.	Ready to Pro	od.	Total Depth		1	P.B.T.D.	1	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Perforations	1						Depth Casin	g Shoe	
		IDDIC C	A CIDIC AND	OF OF IT	NG PEGOD	<u> </u>	<u> </u>		
HOLE SIZE	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE						SACKS CEMENT		
HOLE SIZE	UASI	NG & TOBI	NG SIZE	DEPTH SET			SACKS CEMENT		
	-	······································							4
							<u> </u>		
V. TEST DATA AND REQUE	ST FOR AI	LLOWAB	LE						
OIL WELL (Test must be after t	recovery of tota	il volume of	oad oil and mus					for full 24 hou	ers.)
Date First New Oil Run To Tank	Date of Test			Producing N	Method (Flow, pr	ump, gas lift, i	etc.)		2
Leady of Tage	T 1 . D			Casing Pres	MI PO		Choke Size		A 9 0
Length of Test	Tubing Press	sure		Casing Fres	SUIC		CHOKE 312C		1) 2
Actual Prod. During Test	Oil - Bbls.			Water - Bbl	S.		Gas- MCF		1/1 A 7
	(),, DO, 3.							Λn	<i>y</i> ' <i>y</i> '
GAS WELL								,√ #	W. W
Actual Prod. Test - MCF/D	Length of To	est		Bbls Cond	ensate/MMCF		Gravity of	Condensate	- di
Total Free Free Met / Free Free Free Free Free Free Free Fr	Long.ii or 1			BOIS. CORRECTION OF THE PROPERTY OF THE PROPER			V		
lesting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		

VI. OPERATOR CERTIFIC	CATE OF	COMPL	IANCE			UCEDV	ATION	DIVICI	~ N!
i hereby certify that the rules and regu					OIL COI	ADELLA	AHON	ופועוט	JIV
Division have been complied with and to true and complete to the best of my			above			. 4	net o r	7 1989	
The samples to the over dying				Dat	te Approve	ed	UCT 2 7	1909	
718 X 9311	luis	1			/Y	Diobi.	C1041000	5	
Signature					By ORIGINAL SIGNED BY MIKE WILLIAMS				
1 W.J. G.	RAHAM	- *	genv		S	UPERVIC	aans Or, disti	2107.45	
Printed Name () - 75) 015	· //	(0/)	Title ファ <i>フス</i> ノカ	Tit!	e		017, 01911	TICI IT	
Date	حي	Telepl	none No.						

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