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Appropriate District Office
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P.O. Box 1980, Hobbs, NM 88240
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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

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

JAN 10 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Socorro Petroleum Company Well APPL ARTESIA OFFICE
Address P.O. Box 38, Loco Hills, NM 82855 30-015-05061
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)
New Well ☐ Change in Transporter of: ☐ Dry Gas ☐ Change in Operator Name
Recompletion ☐ Oil ☐ Casinghead Gas ☐ Condensate ☐ Effective January 1, 1990
Change in Operator ☒
If change of operator give name and address of previous operator Harcorn Oil Company, P.O. Box 2879, Victoria, TX 77901

II. DESCRIPTION OF WELL AND LEASE

Lease Name H.E. West "A" Well No. 9 Pool Name, Including Formation Grayburg Jackson QGSA Kind of Lease State, Federal Lease No. LC029426A
Location Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East Line
Section 4 Township 17S Range 31E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐
NONE WIW
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
NONE
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When ?
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
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
					<u>Post IP - 3</u>			
					<u>2-9-90</u>			
					<u>chy op</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 - MCF/D	Length of Test	Bbls. Condensate/M/MCF	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.
Ben D. Gould
Signature Ben D. Gould Manager
Printed Name 1/2/90 Title 505/677-2360
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB - 9 1990
By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
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.
Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells