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

State of New Mexico , Minerals and Natural Resources Departmen

Form C-104 Revised 1-1-89

See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

RECUEST FOR ALLOWARI E AND ALITHORIZATION

DOT 18 '89

I.					IL AND NATURAL GAS				061 1	000
Operator				<u> </u>	ETHE WHICH CAR		PI No.	-	C	
Harcorn Oil	Co.					3()=(015 - 0	084	URTESIA,	OFFICE
P. O. Box 28	79. Victo	ria.	Теха	as 797	าว					
Reason(s) for Filing (Check proper box)					Other (Please explain,)		···-		——
New Well Recompletion		hange in			Change of Opera	ator Na	ame			,]
Change in Operator XX	Oil Casinghead (Dry Ga		Effective Octo	ober 1	1989		ω	10
If change of operator give name and address of previous operator Hor					2 0 Dos 0000 B			······		
			OUM	Jairy ,	P. O. Box 2208 , Ro	oswell,	New M	exico 88	202	
II. DESCRIPTION OF WELL Lease Name			Pool N	lame Inclu	ding Formation	Viede	f Lease		ease No.	
J. L. Keel "B" 21 Grayburg Ja			[ackson/7 RV OGSA	Federal or Fee LG029435 B						
Location July Letter J	. 1980					<u></u>			432.2	
Unit LetterJ	_ :		Feet Fr	rom The _	South Line and 1980	Fee	t From The	East		Line
Section 6 Townsh	<u>ip 178</u>	·-··	Range	31	E , NMPM, E	ddy			Coun	ııv
III. DESIGNATION OF TRAN	JSPARTER	ሰ ፑ ሲ፤	T A NI	יייי או או או	IDAL CAS					:4
Name of Authorized Transporter of Oil	or	Condens	sale	IN NATI	Address (Give address to which	approved	copy of this	form is to be s	ent)	
Name of Authorized Transporter of Casin										
NONE	gnead Gas [or Dry	Gas	Address (Give address to which	approved	copy of this	form is to be s	ini)	
If well produces oil or liquids,	Unit Se	ec.	Twp.	Rge	Is gas actually connected?	When	?			
	<u> </u>	<u>l</u>		1			-			
If this production is commingled with that IV. COMPLETION DATA	from any other	lease or p	1000, BIA	e comming	gling order number:			· · · · · · · · · · · · · · · · · · ·		
Designate Type of Completion	(V)	Oil Well	7	Gas Well	New Well Workover	Deepen	Plug Back	Same Res'v	Diff Re	es'v
Date Spudded	Date Compl. I	Ready to	Provi		Total Depth	İ,		İ		
	i sou sourpui	iceacy to	i ioa.		тол тери		P.B.T.D.	n A	; +D	,
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth Cha Oper						
Perforations	1						Depth Casii	310) -27-	84
							Depui Casii	ig anoe		
HOLE SIZE	TU	BING,	CASI	NG AND	CEMENTING RECORD					
TIOLE SIZE	CASIN	IG & TU	BING	SIZE	DEPTH SET		SACKS CEMENT			
	 			·						
V. TEST DATA AND REQUE										
OIL WELL (Test must be after to Date First New Oil Run To Tank	recovery of ioial	volume a	of load	oil and mu	t be equal to or exceed top allowa	ible for this	depth or be	jor full 24 hou	urs.)	
THE THE TOWN ON KIND TO TANK	Date of Test				Producing Method (Flow, pump	o, gas lifi, el	c.)			
Length of Test	Tubing Pressu	re			Casing Pressure	Choke Size				
Actual Prod. During Test	tual Prod. During Test Oil - Bbls.		Water - Bbls.		Gas- MCF					
							Gas- MCF			
GAS WELL Actual Prod. Test - MCF/D	· • • • • • • • • • • • • • • • • • • •									
Actual Prod. 1861 - MCP/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate					
Festing Method (pitot, back pr.)	pr.) Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size					
W. Open amon and								1		
VI. OPERATOR CERTIFIC	CATE OF C	COMP	LIAN	VCE	OIL CONS	SEDVA	TION	DIVICIO		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above			OIL CONSERVATION DIVISION							
is true and complete to the best of my					Date Approved	UC	T 2 7	1989		
_UX Youll	un	/								
Signature W.J. G	RAHAM	1 #	Jan.	+	By	<u> Si</u>	GNED B	Υ		
Printed Name			Title		Title	ANJ	MS <u>r, Distr</u>	ICT 19		
Date 0275, 198	7 (S	<u>6 (کـ ه</u> Tele;	77 phone h				., 5,5,1			

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.