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

State of New Mexico

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

RECEIVED

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION OCT 18 '89 TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator O. C. d. Harcorn Oil Co. 30-015-05102 ARTESIA, OF ICE Address P. O. Box 2879, Victoria, Texas 79702 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Change of Operator Name \mathbf{x} Dry Gas Recompletion Effective October 1, 1989 Change in Operator X Casinghead Gas Condensate If change of operator give name and address of previous operator Hondo Oil & Gas Company, P. O. Box 2208, Roswell, New Mexico 88202 II. DESCRIPTION OF WELL AND LEASE Pool Name Including Formation Gray Durg Jackson-7R Q.G.S.A. Well No. Kind of Lease Lease No. Lease Name J. L. Keel "A" State, Bellemian Fee LC029435A Location 660 Feet From The North Line and West Unit Letter Feet From The Line 17S 31E Eddy Range NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) NONE-WIW Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) NONE If well produces oil or liquids, Unit Sec. Twp. When? Rge. Is gas actually connected? give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Posted ID-3 Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Cha Open 10-27-89 Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD **HOLE SIZE** CASING & TUBING SIZE **DEPTH SET** SACKS CEMENT 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.) Choke Size Length of Test Casing Pressure **Tubing Pressure** Gas- MCF Water - Bbls Actual Prod. During Test Oil - Bbls **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.)

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

Date

Signature Printed Name

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OIL CONSERVATION DIVISION

OCT 2 7 1989 Date Approved CMED BY By_ TE WILLIAMS SUPERVISOR, DISTRICT IT Title.

- 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.