

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210  
DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

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

RECEIVED

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

OCT 18 '89

Operator Harcorn Oil Co.		Well API No. 30-015-05106
Address P. O. Box 2879, Victoria, Texas 79702		O. C. D. ARTESIA, OFFICE
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Change of Operator Name Effective October 1, 1989
Recompletion <input type="checkbox"/>		
Change in Operator <input checked="" type="checkbox"/>		
Change of operator give name and address of previous operator Hondo Oil & Gas Company, P. O. Box 2208, Roswell, New Mexico 88202		

I. DESCRIPTION OF WELL AND LEASE

Lease Name J. L. Keel "B"	Well No. 5	Pool Name, Including Formation Grayburg Jackson/7 RV QGSA	Kind of Lease State, Federal or Fee Federal	Lease No. L0029435B
Location Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Line Section 8 Township 17S Range 31E, NMPM, Eddy County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, Hobbs, New Mexico 88240	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Continental Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 460, Hobbs, New Mexico 88240	
If well produces oil or liquids, give location of tanks. Unit C Sec. 8 Twp. 17S Rge. 31E	Is gas actually connected? Yes.	When? 6-1-60
If this production is commingled with that from any other lease or pool, give commingling order number:		

V. 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 Depth Casing Shoe			
Perforations		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.)	
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/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

Signature *W. S. Graham*  
Printed Name *W. S. Graham* Title *Agent*  
Date *Oct 5, 1989* Telephone No. *(505) 677-2360*

OIL CONSERVATION DIVISION

Date Approved *OCT 27 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.

1. 100  
2. 100  
3. 100  
4. 100  
5. 100  
6. 100  
7. 100  
8. 100  
9. 100  
10. 100  
11. 100  
12. 100  
13. 100  
14. 100  
15. 100  
16. 100  
17. 100  
18. 100  
19. 100  
20. 100  
21. 100  
22. 100  
23. 100  
24. 100  
25. 100  
26. 100  
27. 100  
28. 100  
29. 100  
30. 100  
31. 100  
32. 100  
33. 100  
34. 100  
35. 100  
36. 100  
37. 100  
38. 100  
39. 100  
40. 100  
41. 100  
42. 100  
43. 100  
44. 100  
45. 100  
46. 100  
47. 100  
48. 100  
49. 100  
50. 100  
51. 100  
52. 100  
53. 100  
54. 100  
55. 100  
56. 100  
57. 100  
58. 100  
59. 100  
60. 100  
61. 100  
62. 100  
63. 100  
64. 100  
65. 100  
66. 100  
67. 100  
68. 100  
69. 100  
70. 100  
71. 100  
72. 100  
73. 100  
74. 100  
75. 100  
76. 100  
77. 100  
78. 100  
79. 100  
80. 100  
81. 100  
82. 100  
83. 100  
84. 100  
85. 100  
86. 100  
87. 100  
88. 100  
89. 100  
90. 100  
91. 100  
92. 100  
93. 100  
94. 100  
95. 100  
96. 100  
97. 100  
98. 100  
99. 100  
100. 100