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

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

## State of New Mexico Energy, Minerals and Natural Resources Departme

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

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

Santa Fe, New Mexico 87504-2088

OCT 18 '89

l		1011	MANSPO	OTHC	L AND NA	TURAL G.	AS			<u> </u>	
Operator							i	API No.		ADTESIA CESTO	
Harcorn Oil				<sub>1=015</sub> =05111		ARTESIA, OFFICE					
Address							J				
P. O. Box 28	379. Vi	ctoria	, Texa	s 7970	12						
Reason(s) for Filing (Check proper box) New Well		<i>C</i> 1	·		∐ Of	ner (Please expl	lain)				
$\equiv$	0.1	Change	in Transpor	·	Chang	ge of Ope	erator N	ame			
Recompletion	Oil	L	Dry Gas		Effe	ective Oc	tober 1	. 1989			
f change of greater size same	Casingh		Conden						~~~		
nd address of previous operator HC	ndo Oil	& Ga	s Compa	any, P	. 0. Box	2208 .	Roswell	, New Me	xico 88	202	
								<del></del>		<del></del>	
I. DESCRIPTION OF WELI Lease Name	AND L	<del></del>	n. IN.	T . 1 . 1			1				
Total Plants, Inc.					Jackson/7 RV QGSA			C TO		ease No.	
ocation 112 IGPRYDUI					ackson//	RV QGSA	Fe	State, Federal or Fee LC029435			
^	6	60		1	Month	66	Λ		East	ł	
Unit LetterA	:	00	Feet Fro	m The	North Lin	e and	Fe	et From The _	Las C	Line	
Section 8 Towns	hip 17	g	Range	3	1E . N	I MIL	Eddy	ī		_	
	E	υ	Kange		1 El N	МРМ,	Edd,	y 		County	
II. DESIGNATION OF TRA	NSPORT	ER OF	OIL ANT	) NATII	RAL GAS						
Name of Authorized Transporter of Oil	[]	or Cond				e address to wi	hich approved	copy of this for	m is to he so	ent)	
NONE-WIW	1		l				4.4	, , =, joi		,	
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, ive location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actuali	y connected?	When	?			
	_	.	_l	l	<u> </u>		i				
this production is commingled with the	t from any o	ther lease o	or pool, give	conuning	ling order num	ber:					
V. COMPLETION DATA				·							
Designate Type of Completion	n - (X)	Oil We	ell   G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		nal Bandu			Tatal	<u></u>	<u> </u>	<u> </u>			
- upassa	Date Con	npl. Ready	to Prod.		Total Depth			P.B.T.D.			
levations (DF, RKB, RT, GR, etc.)	Producina	Formation		Top Oil/Gas Pay							
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
erforations entered	<u> </u>				I			Death Carl	CI		
								Depth Casing	Snoe		
		TURING	CASIN	IG AND	CEMENIT	NC PECOP	D	<u> </u>			
HOLE SIZE	C	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SAOVO OFFICIA		
		ONGING & TODING SIZE			DEF IN SET			SACKS CEMENT			
					<del> </del>			<del> </del>			
'. TEST DATA AND REQUI											
IL WELL (Test must be after	recovery of	total volum	ne of load or	il and musi	be equal to or	exceed top allo	owable for thi	s depih or be fo	r full 24 hou	rs.)	
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
ength of Test	Tubing P	ressure			Casing Press	ure		Choke Size			
Actual Prod During Tree					Water - Bbis.			Gas- MCF			
Actual Prod. During Test Oil - Bbls.						•					
GAS WELL											
Actual Prod. Test - MCF/D	Length o	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.) Tubin		ibing Pressure (Shut-in)									
esting Method (pilot, back pr.)	Tuoing P	ressure (Sh	nu-in)		Casing Press	ure (Shut-in)		Choke Size		4"	
/ Oppp and					-{		<del></del>		·		
VI. OPERATOR CERTIFIC	CATE O	F COM	IPLIAN	CE			IOEDI/	ATION: 5			
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information since a transfer of the complied with and that the information since a transfer of the complied with and that the information since a transfer of the complied with and that the information since a transfer of the complied with and that the information since a transfer of the complied with and that the information since a transfer of the complete						OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above is true and complete to the sest of my knowledge and belief.					OCT 2 7 1989						
1.0/h	,				Date	Approve	d	~ . 100	···	·	
US DMU	eur					-					
Signature	•		1	/	By_	OF	RIGINAL!	SIGNED BY	1		
W.J. ERAHAM AGENT						0.					
Printed Name Title OCTS 1989 (SOS) 677-2360					Title	MIKE WILLAMS Title SUPERVISOR, DISTRICT IF					
Date (25), 198.	<u> </u>	<u>(202</u>									
		1	elephone No	u.							

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.