Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
L 3y, Minerals and Natural Resources Departn

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

JAN 10 '90

il.

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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

C. C. D.
ARTESIA, OFFICE

-								ARTESIA, O	11100	
l. Operator		TO THA	MSP(UH I UIL	. AND NATURAL	UA:	S Wall A	Pi No.		
Socorro Petroleum Company						30-015- 05111				
SOCOTTO PETROI	cun COII	iparry						30.013		
P.O. Box 38, L	oco Hil	ls, NM	882	255						
Reason(s) for Filing (Check proper box)					Odier (Please	explai	n)		· · · · · · · · · · · · · · · · · · ·	
New Well		Change in	Transpo	ster of:						
Recompletion	Oil		Dry Ga		Change in					
Change in Operator XX		id Gas 🗌			Effective		_			
f change of operator give name Harc	orn Oil	. Compa	ny, I	P.O. Box	x 2879, Victor	ia,	TX 77	901		
•					· · · · · · · · · · · · · · · · · · ·					
II. DESCRIPTION OF WELL Lease Name	AND LE		1		***************************************			· · · · · · · · · · · · · · · · · · ·		
J.L. Keel "B"		Well No. Pool Name, Including Crayburg J.			ng Fornution Tackson/7 RV (I Lease No. I LC029435B	
Location	***	1		7					1 20023 1002	
Unit Letter	عاما :	0	Cara Ca	N	orth Line and Let	Ow			East	
<u> </u>	Feet From The Case Line									
Section S Township 17S Range 311					, NMPM, Eddy County					
H. DEGIGNATURAL OF THE AND										
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	R OF O	IL AN	D NATU						
NONE WIW		or Condea	nyate		Address (Give address	to whi	ch approved	copy of this form	i is to be sent)	
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent)									
NONE	Jac	<u></u>	or Diy	Gas [Audiess (Crive address)	IO WAL	cn approved	copy of this form	n is to be sent)	
well produces oil or liquids, Unit Sec. Two					Is gas actually connecte	:d7	When	7		
give location of tanks.	i	į	i		To got takeny connecte		1	•		
If this production is commingled with that	from any ot	her lease or	pool, gi	ve comming	ling order number:		, I			
IV. COMPLETION DATA				_	_			<u> </u>		
Decienate Time of Commission	(30)	Oil Well	i	Gas Well	New Well Workov	cr I	Deepen	Plug Back Sa	une Res'v Diff Res'v	
Designate Type of Completion	-,	_1			1	_ i		i		
Date Spudded	Date Com	ipl. Ready to	o Prod.		Total Depth			P.B.T.D.		
Elevations (DE DVD DT CD										
Elevations (DF, RKB, RT, GR, etc.)	Name of I	Producing F	omation	1	Top Oil/Gas Pay			Tubing Depth		
Perforations										
	•							Depth Casing S	Shoe	
		TIDING	CACI	NG AND	CENTENIE DEC			<u> </u>	•	
HOLE SIZE					CEMENTING RECORD			1	210/2 05/45/45	
THOSE OILS	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
	-									
				····				·		
								· · · · · · · · · · · · · · · · · · ·	che op	
V. TEST DATA AND REQUE	ST FOR	ÄLLÖW	ÄBLE	,				-l		
OIL WELL (Test must be after t			of load	oil and must	be equal to or exceed to	p allo	wable for thi	s 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	- 3					<u> </u>		1;4		
wigui UI 10M	Tubing Pr	essure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls				Water - Libia			111.		
record from During 1000	Oil - Bois	t a			Water - Dolf			Gas- MCF		
CACAURI	ــــــــــــــــــــــــــــــــــــــ		· · · · · · · · ·		1			1		
GAS WELL Actual Prod. Test - MCF/D		. n. 			-	,	·			
The total Field - MICIAD	Length of	1 cel			Bbls. Condensate/MMC	CF		Gravity of Cor	identato	
l'esting Method (pitot, back pr.)	- Tubing 15	ressure (Shu		·-·-	Casing Pressure (Shut-in)			Choke Size		
promise (pass, oack pr.)	t doing t	cesore (and	4-43)		Casing Pressure (Shut-)	Caring Freezone (Silut-III)			CHOKE SILE	
VI OPED ATOD CEDERICIC	TATE O	E COL	DI T	NOTE	-\r			<u>.l</u>		
VI. OPERATOR CERTIFIC				NCE		ON!	ISERV	ATION D	IMOION	
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 knowledge and belief.					Date Approved FEB - 9 1990					
7 -	_				Date Appre	ove	d	J a.		
Den in) Th	enl	1							•	
Signature					ByORIGINAL SIGNED BY					
Ben D. Gould Manager					MIKE WILMAMS					
Printed Name Title					Title SUPERVISOR, DISTRICT IT					
	50)5/677 <u>-</u>	2360	M.,			····			
- mv		Ici	conone l	IYO.	I I					

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 recol in multiply completed wells