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

State of New Mexico y, Minerals and Natural Resources Departmen

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

RECEIVED

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

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

DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

OCT 18 '89

ſ,		TO TRA	NSP	ORT OI	L AND NA	TURAL G	AS				
perator							Well	API No.		0. C. i.	
Harcorn Oil Address	Co.						30=	015-05	113	ARTESIA, OFFIC	
P. O. Box 28	379. Vic	toria	Ψeve	a 7070) O						
Reason(b) for Filing (Check proper box,		***		M 1711	Out	ner (Please expi	lain)				
New Well		Change in			Chang	ge of Ope	erator N	leme			
Recompletion Change in Operator	Oil Casinghea	40	Dry Ga Conden		Effε	ective Oc	ctober 1	. 1989			
f change of opentor since											
and address of previous operator 110			Comp	any, F	. 0. Box	2208 ,	Roswell	, New M	exico 88	202	
I. DESCRIPTION OF WELL Lease Name	AND LE		T								
*	T T T T			.				of Lease Lease No.			
ocation 17 Grayburg					Jackson// RV QGSA F			LC029435 B			
Unit Letter <u>E</u>	:1981	0	. Feet Fro	om The _N	Iorth Lie	e and 660	· E	et Emm The		, l	
						- - 000 -	P	æt riom ine	- West-	Line	
Section 8 Towns	17S	· ·	Range	31E	, N	МРМ,	Eddy	-		County	
II. DESIGNATION OF TRA	NSPORTE	R OF O	IL ANI	D NATU	RAL GAS						
Name of Authorized Transporter of Oil NONE-WIW		or Conden	sate			e address to w	hich approved	copy of this f	form is to be se	nt)	
Name of Authorized Transporter of Casi	Gas	Address (Civ									
NONE					Address (Give address to which approved copy of this form is to be sent)					nt)	
f well produces oil or liquids, ive location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actuall	y connected?	When	?			
this production is commingled with the	I from any orb	ar lunco on		<u> </u>							
V. COMPLETION DATA	t from any on	er rease or p	pooi, givi	e comming.	ing order num	ber:	···				
Designate Type of Completion	, (V)	Oil Well	0	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		1				<u> </u>				l Keat	
	Date Comp.	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.		
levations (DF, RKB, RT, GR, etc.)	rmation		Top Oil/Gas Pay			Tubing Dep					
erforations								land Dohm			
								Depth Casin	g Shoe		
	T	UBING.	CASIN	IG AND	CEMENTI	NG RECOR	n				
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
		·									
TEST DATA AND REQUE					1,			.1			
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Tes	ial volume o	of load o	il and must	be equal to or	exceed top allo	wable for this	depth or be	for full 24 hour	s.)	
	Date of 1es	4			Producing Me	thod (Flow, pu	mp, gas lift, e	tc.)			
ength of Test	Tubing Pres	ssire			Casing Pressu	re		Choke Size			
actual Prod. During Test	Oil - Bbls.	Oil Phil			W. Dir			ID of			
	On - Buis.	Cir - Bois.				Water - Bbis.			Gas- MCF		
GAS WELL					1			<u> </u>		, 0 3. Ot	
Actual Prod. Test - MCF/D	Length of 7	est			Bbis. Conden	sate/MMCF		Gravity of C	Condensate	10	
esting Method (pitot, back pr.)	Tubing Pra	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
The state of the s	ruonig i te.										
I. OPERATOR CERTIFIC	ATE OF	COMP	IIAN	CE	\r			<u> </u>			
I hereby certify that the rules and regi	lations of the	Oil Conserv	zation	CL		DIL CON	ISERV	ATION	DIVISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					007.0 7						
1.01/2		venti.			Date	Approve	d	T 2 7 1	989		
- Co farace	m		-	,							
Signature W. J. GRAHAM Agent					By SHOWAL SIGNED BY						
Printed Name 15 10 CO Title					MIRE WILMAMS Title SUPERVISOR, DISTRICT 11						
Date 02, 1989	(≤	05/6	フ <u>フ</u> Z phone No	36 <i>0</i>	''	<u>5</u> L	ILEKA120	IR. DISTR	101 (1		
		1 010	Lucio IA	٠.	H						

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.

S. Carlotte and Carlotte