Difference OIL CONSERVATION DIVISION Mail Both District II P.O. Box 2088 JAN 10 '90 District III Santa Fe, New Mexico 87504-2088 JAN 10 '90 District III REQUEST FOR ALLOWABLE AND AUTHORIZATION C. C. D. I. TO TRANSPORT OIL AND NATURAL GAS Artesia, OFFICE Operator Weil API No. 30-015- 051/8 Address P.O. Box 38, Loco Hills, NM 88255 Other (Please explain) New Well Change in Transporter of: Change in Operator Name Recompletion Oil Dry Gas Change in Operator Name Change of operator Will Harcorn Oil Company, P.O. Box 2879, Victoria, 'TX 77901 T7901 II. DESCRIPTION OF WELL AND LEASE Weil No. Fool Name, Including Formation Kind of Lease			
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Unit Letter			
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Kange STD Junital, Dool	Line		
	County		
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	ení)		
Texas-New Mexico Piperine Company P.O. Box 2528, Hobbs, NM 88240 Name of Authorized Transporter of Casinghead Gas [XX] or Dry Gas [] Address (Give address to which approved copy of this form is to be a			
Continental Oil Company P.O. Box 460, Hobbs, NM 88240	eni)		
If well produces oil or liquids, ive location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When ? F 10 175 31E ES (6-1-60)			
If this production is commingled with that from any other lease or pool, give commingling order number:			
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v	Dill Res'v		
Date Spudded Date Completion (A) Total Depth P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Uil/Gas Pay Tubing Depth			
Depth Casing Shoe	•		
TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEN	AENT		
	·		
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 ho	urs.)		
Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)	i , <u> </u>		
Length of Test Tubing Pressure Casing Pressure Choke Size	<u>.</u>		
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCF			
GAS WELL Length of Test Dbis. Condensate/MMCI			
GAS WELL Actual Prod. Test - MCF/D Length of Test Dbis. Condensate/MtMCI ¹ Usavity of Condensate			
GAS WELL Actual Prod. Test - MCF/D Length of Test Dbis. Condensate/MMCI! Giavity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Cloke Size			
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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.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each rool in multiply completed wells