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

## State of New Mexico Energy, 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

## **OIL CONSERVATION DIVISION** P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

OCT 18 '89

	·	TO TRA	ANSF	Port oi	L AND NA	TURAL G				O ::	
Operator								API No.		ARTESIA, OFF	
Harcorn Oil Address	Co.						30-	-015 <b>-</b> 10	1471		
P. O. Box 2	879. Vic	torie	φ <sub>Δπ</sub>	ras 7070	<b>1</b> 2						
Reason(s) for Filing (Check proper bo	x)	<del></del>	T <u>C                                 </u>	700 12(I	Oth	ner (Please expl	lain)				
New Well		Change in	n Trans	porter of:	Chanc	re of Onc	nnton N	lomo.			
Recompletion	Oil	Oil Dry Gas Change of Operator Name  Effective October 1, 1989									
Change in Operator XX	Casinghea	d Gas	Cond	lensate [	101.1.0		ronet l	, 1909			
f change of operator give name and address of previous operator	ondo Oil	& Gas	Con	npany, F	. О. Вох	2208,	Roswell	, New M	exico 88	505	
I. DESCRIPTION OF WEI	L AND LE		<del>-,</del>								
Lease Name	J. L. Keel "B"  Well No.   Pool Name, Including 18								of Lease No. Pederal or Fee		
Location U. H. Reel	D	27	101.8	lyburg J	ackson/	' RY QGSA	Fe	Federal or Federal	lrc05ð	435 B	
Unit LetterK	:19	80	_ Feet	From The	South Lin	ne and198	30 Fe	eet From The	West	Line	
Section 8 Town	nship 17S		Rang	e 31	E , N	мрм,	Eddy			County	
III. DESIGNATION OF TR	ANSPORTE	R OF O	TT A	ND NATT	IDAT CAR						
Name of Authorized Transporter of Oi		or Conde	nsale	INITINATE		ve address 10 w	hich approved	copy of this	form is to be s	entl	
NONE-WIW				ll				copy of may	, o		
Name of Authorized Transporter of Ca NONE	ne of Authorized Transporter of Casinghead Gas or Dry Gas NONE					Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge	. Is gas actual	ly connected?	When	1 ?	·		
f this production is commingled with to V. COMPLETION DATA	hat from any oth	er lease or	pool, g	give comming	gling order num	iber:					
Designate Type of Completi	on - (X)	Oil Wel		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		Date Compl. Ready to Prod.				Total Depth				<u> </u>	
Elevations (DF, RKB, RT, GR, etc.)	ons (DF, RKB, RT, GR, etc.)  Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
Perforations									Depth Casing Shoe		
	7	TIRING	CAS	ING AND	CEMENT	NC DECOR	<u> </u>				
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				CEMIENTI	DEPTH SET			SACKS CEMENT		
		9,10,110 105,110 0,22									
V. TEST DATA AND REQU	EST EOD	HOW	ADI	r							
OIL WELL (Test must be aft					st he equal to a	e exceed ion all	awahla for th	:	£ £ 11.94.1	•	
Date First New Oil Run To Tank	Date of Te	st	<i>b</i> , 104.	011 0710 77110	Producing M	lethod (Flow, p	ump. eas lift.	eic.)	Jor Juli 24 hol	ars.)	
						, .,	1. 0			-03	
Length of Test	Tubing Pre	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test Oil - Bbls.				· · · · · · · · · · · · · · · · · · ·	Water Dil	Water - Bbis.		W 7			
The same same	On - Buis.				Mater - Doly	<b>).</b>		Gas- MCF	Re	Dr. 20	
GAS WELL									1 -	10 12	
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conde	nsate/MMCF		Gravity of	Condensate	- 4 × 0	
Testing Method (pitot, back pr.)	Dibing Processor (Ct., 1)										
teoring intention (phot, back pr.)	Tuoing Ph	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIF	ICATE OF	COM	PLIA	NCF					<del></del>		
I hereby certify that the rules and re	egulations of the	Oil Conse	rvation			OIL COI	<b>NSERV</b>	<b>ATION</b>	DIVISIO	NC	
Division have been complied with	and that the info	rmation gi	ven abc	ove						· -	
is true and complete to the best of	my knowledge a	nd belief.			Date	e Approve	ed UUI	2 7 19	189		
11x Y92m	Viere .	-			11						
Signature					∥ By_	By ORIGINAL SIGNED BY					
Printed Name						MIKE WILLIAMS					
0+5 1985	(_	(202)	677	7-236 n	Title	SUF	PERVISOR	, DISTRIC	CT IF		
Date	<del>_</del>		lephone	- No.							

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.

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