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

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

DISTRICT III

E....gy, Minerals and Natural Resources Departme...

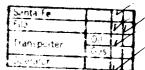
OIL CONSERVATION DIVISION 3-'89

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

O C. D. ALLEGA OFFICE See Instructions at Bottom of Page

Form C-104

Revised 1-1-89



I.	REQUEST FOR ALLOWA TO TRANSPORT O	ABLE AND AUTHORIZA IL AND NATURAL GAS	
Operator	/		Well API No.
Harcorn Oil Co. /			30-015-25919
P.O. Box 2879, Vie	ctoria, Texas 77901		
Reason(s) for Filing (Check proper box)		Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Oil XX Dry Gas		
Change in Operator If change of operator give name	Casinghead Gas Condensate		
and address of previous operator			
II. DESCRIPTION OF WELL	AND LEASE		
Lease Name	Well No. Pool Name, Inclu	iding Formation	Kind of Lease No.
J. L. Keel "B"	38 Grayburg	Jackson/7 RV QGSA	State Federal or Fee LC029435 B
	2000	G 11 660	
Unit LetterI	: Feet From The	South Line and 660	Feet From The East Line
Section 6 Townsh	ip 17S Range 31E	E , NMPM,	Eddy County
III. DESIGNATION OF TRAN	NSPORTER OF OIL AND NAT	URAL GAS	
Name of Authorized Transporter of Oil	or Condensate		approved copy of this form is to be sent)
Texas-New Mexico		P.O. Box 2528,	Hobbs, New Mexico 88240
Name of Authorized Transporter of Casin	7 [_	Address (Give address to which	approved copy of this form is to be sent)
Continental Oil Co			obbs, New Mexico 88240
give location of tanks.	C 8 175 31E	ge. Is gas actually connected? Yes	When ?
If this production is commingled with that IV. COMPLETION DATA	t from any other lease or pool, give commin	ngling order number:	L 6/1/60
	Oil Well Gas Well	New Well Workover	Deepen Plug Back Same Res'v Diff Res'v
Designate Type of Completion	-,	i i i	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil Gas Pay	Tubing Depth
Perforations			
			Depth Casing Shoe
	TUBING, CASING AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Post IP-3
			1/-10-89
			chy LT: ITOC
V. TEST DATA AND REQUE	ST FOR ALLOWARIE		۲
	recovery of total volume of load oil and m	ust be equal to or exceed top allows	able for this depth or he for full 24 hours
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pury	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate MMCF	Gravity of Condensate
		Solve Condensate MATE	Gravity of Concensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI. OPERATOR CERTIFIC	CATE OF COMPLIANCE		
I hereby certify that the rules and regi	ulations of the Oil Conservation	OIL CONS	SERVATION DIVISION
Division have been complied with an	d that the information given above		
is true and complete to the best of my knowledge and belief.		Date Approved	લેકાની ડિકે
to the state of	Decell (11	
Signature		- By	OR GIMAL SIGNED BY
John Gould	Agent	-	en english Singapan
Printed Name	Title	II Title	of the area decreased in

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

November 2, 1989

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title_

2) All sections of this form must be filled out for allowable on new and recompleted wells.

505-677-2360 Telephone No.

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 real in a which the such section of the such section