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Appropriate District Office

State of New Mexico 1 Urgy, Minerals and Natural Resources Departm. : RECEIVED

Form C-104 Revised 1-1-89

P.O. Box 1980, Hobbs, NM 88240	s, NM 88240					·				See Instructions at Bottom of Page		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210		OIL CONSERVATION DIVISION P.O. Box 2088 NOV 3- '89										
DISTRICT III	Santa Fe, New Mexico 87504-2088							16	anta fe le	19		
1000 Rio Brazos Rd., Aztec, NM 87410	REQ	REQUEST FOR ALLOWABLE AND AUTHORIZ TO TRANSPORT OIL AND NATURAL GA					ZĄŢĮĢį	ATION OFFICE Transporter Gas				
Operator		10 THA	NSPC	HIOIL	AND NAT	UHAL GA	13	II API No.	erator			
Harcorn Oil Co	./						i	0-015-259	934			
Address P.O. Box 2879,	Victo	ria '	Povac	770	00 f		<u>-</u>		-			
Reason(s) for Filing (Check proper box)	V1C CC	, , , , , , , , , , , , , , , , , , ,		3 779		(Please explo	in)					
New Well		Change in				(,					
Recompletion Change in Operator	Oil Casinghe		Dry Gas Condens									
If change of operator give name	Casinging	- Cas	CONGERS	ate []								
and address of previous operator II. DESCRIPTION OF WELL	AND LE	ASE										
Lease Name J.L. Keel "B"		-	Pool Nat	me, Includi	ng Formation			d of Lease	Le	ase No.		
Location		L	Gray	burg	Jackson/7	RV QGS	A Sta	e, Federal or Fee Federal	LC029	435B		
Unit LetterE	_ :178	0	Feet Fro	m The No	orth Line	and 660		Feet From The	West	Line		
Section 5 Townshi	p 17S		Range	31E	, NM	PΜ	F	ddy		G .		
III DECICNATION OF TRAN	IOD O DOM							1		County		
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	or Conden		NATU	RAL GAS	allress to wi	rich appro	red copy of this for		.1		
Texas-New Mexico	Texas-New Mexico Pipeline Company					30x 2528	, Hobb	s, New Mex	m <i>us 10 be se.</i> 100 88	น) 240		
Name of Authorized Transporter of Casin		XX	or Dry C	Gas	Address (Give	address to wi	ich approv	ed copy of this for	m is to be se	nt)		
Continental Oil Co	Unit	Sec.	Twp.	Roe	P.O. E			, New Mexic	o 882	40		
give location of tanks.	C	8	17S] 31E	Yes			eu <i>t</i>				
If this production is commingled with that IV. COMPLETION DATA	from any ot	her lease or	pool, give	commingl	ing order numbe	r:						
THE COMPLETION DATA		Oil Well		as Well	New Well	W/ t	1			-,		
Designate Type of Completion		j	i	48 41611	I wen well I	Workover	Deeper	Plug Back S	ame Res'v	Diff Res'v		
Date Spudded	Date Con	pl. Ready to	Prod.		Total Depth		·	P.B.T.D.		· I		
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil Gas Pay			Tubing Dooth	T. C. D. d.			
Perforations								Tubing Depth	rubing Depun			
I CITO I LICANS								Depth Casing	Shoe			
		TUBING.	CASIN	IG AND	CEMENTIN	G RECOR	D			· · · · · · · · · · · · · · · · · · ·		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SA	SACKS CEMENT			
								Port	ID-3			
	-								10-89	11.0		
AL CHECOTO EN ACTUA								sh	g LT: 1	roc_		
V. TEST DATA AND REQUES OIL WELL (Test must be after t												
OIL WELL (Test must be after to Date First New Oil Run To Tank	Date of To	est	oj ioaa oi	u ana musi	Producing Met	nod (Flow no	owable for	this depth or be for	full 24 how	rs.)		
							- 4, 800 19	, e.c.,				
Length of Test	Tubing Pr	es arte			Casing Pressur	c		Choke Size		· · · · · · · · · · · · · · · · · · ·		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF	Gas- MCF			
	<u></u>											
GAS WELL												
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Co	Gravity of Condensate			
l'esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size			
VI. OPERATOR CERTIFIC	LATE O			CF	<u> </u>							
I hereby certify that the rules and regul	lations of the	Oil Conser	vation	CE		IL CON	ISER'	VATION D	IVISIC	N		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date ApprovedN			NOV 6	NOV 6 1989			
John So	nel (<u>-</u>				A 31.3	MAR OF BRIEF) BY			
Signature// John_Gould			nt		by			- 				
Printed Name			Title		II			. 10	NOOTE			

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

November 2, 1989

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

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 pool in multiply completed walls