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

3y, Minerals and Natural Resources Departme

State of New Mexico

OIL CONSERVATION DIVISION

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

1.89 CISE

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

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

		TOTRA	NSF	ORT OIL	AND NA	TURAL GA	AS				
Operator  Harroovin Oil	Harcorn Oil Co.					ı			API No. O. C. )15-26000 ARTESIA, (		
Address	00.	The state of the s					130-	015-2000		ARTESIA, OFF	
P. O. Box 28		toria, !	Texa	as 79702							
Reason(s) for Filing (Check proper bo	r)			_		er (Please expla					
lew Well	Change in Transporter of: Change of Operator Name  Oil Dry Gas Effective October 1, 1989										
Change in Operator		ad Gas	-		ET I GO	SUIVE OG	rober, t	, 1909			
change of operator give name Ho	ondo Oil			1-11-1	0. Box	2208 , I	Roswell	, New Me	xi.co 882	202	
ad address of previous operator				**************************************					······································		
. DESCRIPTION OF WELL AND LEASE  2450 Name Well No.   Pool Name.					ing Formation		Vind	of Lagon	of Lease No.		
H. E. West	ıBıı	· ·			ickson/7 RV QGSA			Kind of Lease State Federal or Fee		LC029426B	
ocation		-1 <del></del> 11	V				1 = . = .		110027	1200	
Unit LetterJ	:1	<u>980</u>	Feet F	From The $\frac{SG}{G}$	outh Lin	and198	<u>80                                    </u>	eet From The	East	Line	
Section 3 Town	uship 17S		Range	• 31E	NI.	мрм,	Eddy			Country	
						VIFIVI,	Eddy			County	
II. DESIGNATION OF TRA		ER OF OI	LAN	VD NATU			<del></del>				
•	$\overline{\nabla \nabla}$	or Condensate							copy of this form is to be sent)		
lame of Authorized Transporter of Ca	MEXICO P	xico Pipeline Company ghead Gas XX or Dry Gas			Address (Give	BOX 2520 e address to wh	ich approved	copy of this form is to be sent)			
Continenta	l Oil Cor				P. O.	Box 460	, Hobbs	, New Me	exico 88	240	
well produces oil or liquids, we location of tanks.	Unit		Twp.				When				
this production is commingled with the	hat from any or	her lease or n	178			es.		2/23/88			
/. COMPLETION DATA		rouse or p	, E	TAC CONTRIBUE	ing older music	Æ1.			<del></del>		
Designate Type of Completic	on - (X)	Oil Well	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
ate Spudded	Date Com	ipl. Ready to	Prod.	T-1	Total Depth		1,	P.B.T.D.			
levations (DF, RKB, RT, GR, etc.)	Name of 1	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
erforations											
								Depth Casir	ng Snoe	į	
		TUBING,	CAS	ING AND	CEMENTI	NG RECOR	D	!			
HOLE SIZE	CA	CASING & TUBING SIZE				DEPTH SET			SACKS CEM	ENT	
								Post	Part ID-3		
. 847 to 8								10-27-89			
				-				_ xx	5 op		
. TEST DATA AND REQU					1						
II. WELL (Test must be after the First New Oil Run To Tank	er recovery of I		of load	l oil and must	be equal to or	exceed top allo	wable for th	is depth or be	for full 24 hou	urs.)	
and the test con total to take	Date of	CM			Producing (vi	euioa ( <i>Fiow, p</i> i	ımp, gas ıyı,	eic.)			
ength of Test	Tubing Pa	Tubing Pressure				Casing Pressure			Choke Size		
ial Prod. During Test Oil - Bbls.				· · · · · · · · · · · · · · · · · · ·	Water - Bbls.		Gas- MCF				
GAS WELL								***************************************			
schual Prod. Test - MCF/D	Length of	f Test			Bbls. Conder	sate/MMCF		Gravity of	Condensate		
esting Method (pitot, back pr.)	Tubino P	ibing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
(griot, saux pr.,					Casing Pleasure (Sinta-in)			Choke Size	Calore Size		
I. OPERATOR CERTIF	ICATE O	F COMP	LIA	NCE							
I hereby certify that the rules and r					(	OIL CON	1SERV	'ATION	DIVISION	NC	
Division have been complied with is true and complete to the best of			en abo	ve							
			_		Date	Approve	d	U1 2 7	1989		
as a	nelle	w									
Signature CIVI GOBUAM Age. A					By ORIGINAL SIGNED BY						
Printed Name Title					M/KE WILMARIE  Title SUPERVISOR DISTRICT IS						
Oct 5, 198	, <u> </u>	805-	Z Z	7236C			New Transfer	<del>ivit, Lital</del>	<del>Mill</del>	*****	
		1 616	himuc	, t40,	11				No. of the second		

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.