

|                  |     |  |
|------------------|-----|--|
| DISTRIBUTION     |     |  |
| STATE            |     |  |
| FEDERAL          |     |  |
| U.S.             |     |  |
| D OFFICE         |     |  |
| TRANSPORTER      | OIL |  |
|                  | GAS |  |
| OPERATOR         |     |  |
| PRORATION OFFICE |     |  |

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO PRODUCE OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

RECEIVED

MAR 11 1975

O. C. C.  
ARTESIA, OFFICE

I. OPERATOR  
Operator  
Harlan Oil Company  
Address  
P. O. Box 668, Artesia, New Mexico 88210  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of ☐  
Recompletion ☐ Oil ☐  
Change in Ownership ☒ Casinghead Gas ☐

Other (Please explain)

If change of ownership give name and address of previous owner George A. Chase, P. O. Box 637, Artesia, N. M.

II. DESCRIPTION OF WELL AND LEASE

|   |                           |                                    |  |                            |
|---|---------------------------|------------------------------------|--|----------------------------|
| Lease Name<br><u>State 89-30</u>  | Well No.<br><u>1</u>      | Port Name, State<br><u>Artesia</u> | Kind of Lease<br>State, Federal or Free <u>State</u> | Lease No.<br><u>B-8814</u> |
| Location<br>Unit Letter <u>A</u> ; <u>330</u> Feet From The <u>North</u> <u>660</u> Feet From The <u>East</u> | Line of Section <u>30</u> | Township <u>18S</u>                | Range <u>28E</u>                                     | County <u>Bldy</u>         |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Navajo Refining Co., Pipeline Division  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐  
If well produces oil or liquids, give location of tanks. Unit A Sec. 30 Twp. 18S Rng. 28E

Give address to which approved copy of this form is to be sent  
No. Freeman Ave., Artesia, N. M.  
Give address to which approved copy of this form is to be sent)

Is well connected? No

IV. COMPLETION DATA

Designate Type of Completion - (X) ☒ Oil Well ☐ Gas Well  
Date Spudded \_\_\_\_\_ Date Compl. Ready to Prod. \_\_\_\_\_  
Elevations (DF, RKB, RT, GR, etc.) \_\_\_\_\_ Name of Producing Formation \_\_\_\_\_  
Perforations \_\_\_\_\_  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE \_\_\_\_\_ CASING & TUBING SIZE \_\_\_\_\_  
DEPTH SET \_\_\_\_\_ SACKS CEMENT \_\_\_\_\_

Drilling order number: \_\_\_\_\_  
Workover ☐ Deeper ☐ Plug Back ☐ Same Res'ty. ☐ Diff. Res'ty. ☐  
Is Pay \_\_\_\_\_ Depth \_\_\_\_\_  
Depth Casing Shoe \_\_\_\_\_

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks \_\_\_\_\_ Date of Test \_\_\_\_\_  
Length of Test \_\_\_\_\_ Tubing Pressure \_\_\_\_\_  
Actual Prod. During Test \_\_\_\_\_ Oil-Bbls. \_\_\_\_\_

of total volume of load oil and must be equal to or exceed top allow-  
Full 24 hours)  
Method (Flow, pump, gas lift, etc.) \_\_\_\_\_  
Pressure \_\_\_\_\_ Choke Size \_\_\_\_\_  
Grav. of Condensate \_\_\_\_\_

GAS WELL

Actual Prod. Test-MCF/D \_\_\_\_\_ Length of Test \_\_\_\_\_  
Testing Method (pitot, back pr.) \_\_\_\_\_ Tubing Pressure (Shut-in) \_\_\_\_\_

Condensate/MMCF \_\_\_\_\_ Gravit. of Condensate \_\_\_\_\_  
Pressure (Shut-in) \_\_\_\_\_ Choke Size \_\_\_\_\_

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

A. Goodson  
(Signature)  
Agent  
(Title)  
March 10, 1975  
(Date)

OIL CONSERVATION COMMISSION

RECEIVED MAR 11 1975  
W. A. Gussert  
SUPERVISOR, DISTRICT II  
This form is to be filed in compliance with RULE 1104.  
This is a request for allowable for a newly drilled or deepened well. This form must be accompanied by a tabulation of the deviation taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, name or number, or transporter, or other such change of condition.