Submit 5 Copies
Appropriate District Office
DISTRICT: 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico $_{\rm H_2} = 7$, Minerals and Natural Resources Departmen



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

DISTRICT II P.O. Deawer DD, Antesia, NM 88210

PISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

OCT 18'89

l.	" REQ					BLE AND A					U1.1 4	
Operator									API No.		ARTESIA,	OFF
Harcorn Oil	Co.								115=			
Address P. O. Box 28	170 Via	tromin	<i>τ</i> ρ	n a - 97	ንወለረ)						ł
P. (). Box 28 Reason(s) for Filing (Check proper box	(17) VIC	ooria,	Tex	<u>as / (</u>	₹ <u>₹</u> 0,5	Oth	r (Please expl	ain)				1
New Well		Change	in Trans	porter o	f:		of Oper	-	LTBG S			
Recompletion	Oil		Dry (Effec	tive Oct	cavor wa Sober 1	1989			
Change in Operator XX		ad Gas							17	114 - T Barrer]
f change of operator give name Ho	undo Oil	& Gas	Comp	pany,	, P.	O. Box	2208 , 1	loswell,	New Me	xico 882	202	
II. DESCRIPTION OF WEL												
Lease Name	Well No. Pool Name, Includi					ng Formation Kind a			of Lease			
"urner "B" (B)	55	$ _{\Omega re}$	ayhur	g_J	ackson/7	RV_OGS/	State,	Federal or Fe	L6029	IDAED .	
Location TT	4	60					·				ייייים כלכ	
Unit Letter H	; <u></u> O	60	Feel	From Ti	he E	<u>ast</u> Lin	and19	<u>80 </u>	et From The	North	Line	
Section 29 Town	ship 17	S	Rang	<u>se</u>	31	E , NI	ирм,	Eddy			Солиту	
II. DESIGNATION OF TRA	NSPORTI	ER OF (NI. AT	ND N.	A 77°I I	DAT GAS				The state of the s		•
Hame of Authorized Transporter of Oil	KX1	or Cond		· · · · · · · · · · · · · · · · · · ·	<u></u>		address to w	hich approved	copy of this 1	form is to be se	ent)]
NONE WIW				لــــا								
Name of Authorized Transporter of Car NONE	singhead Gas		or D	ry Gas [Address (Giv	address to wi	hich approved	copy of this f	form is to be se	ent)	
If well produces oil or liquids, give location of tanks.	Uait	Sec.	Twp.		Rge.	ls gas actuall	connected?	When	?			
f this production is commingled with th	at from any of	l	r pool, g	l_ give con	wning	ling order num	ег.]
V. COMPLETION DATA		10::31										
Designate Type of Completic	on - (X)	Oil We	:Ii 	Gas W	'ell	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spandded	Date Con	npl. Ready	to Prod.			Total Depth		l	P.B.T.D.	.l	_l	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	ay		Tubing Depth				
Perforations									Donth Cool			
									Depth Casin	ng Snoe		
		TUBINO	i, CAS	SING A	AND	CEMENTI	NG RECOR	D	.!		***************************************	ĺ
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT Post ID-3 10-27-89			
		·								my op		
7. TEST DATA AND REQU						.1			.1			j
Oll. WELL. (Test must be after Date First New Oil Run To Tank	er recovery of	total volum	e of load	d oil and	d musi	be equal to or	exceed top all	onable for thi	is depth or be	for full 24 hou	rs.)	
rate that new on kin to tank	Date of T	est				Producing M	thod (Flow, pr	ump, gas lift,	etc.)			
langth of Test	Tubing P	гевяне				Casing Press	re		Choke Size			
Actual Prod During Test	0.3 70.1	014 701										
tettai rica raining rest	Oil - BUs				Water - Bbls.			Gas- MCF				
GAS WELL						.1			_1	····		j
Actual Prod. Test - MCF/D	Length o	f Test				Bbls. Conder	sate/MMCF		Gravity of	Condensate		7
Testing Method (pitot, back pr.)	Tubing P	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIF	ICATE O	E COM	DY YA	אוריוי		-\						.]
I hereby certify that the rules and re						(DIL CON	ISERV	ATION	DIVISIO	NC	
Division have been complied with a	and that the int	ornation g	iven ab.	ove				<u> </u>				
is time and complete to the best of a	ny knowledge	and belief.				Date	Approve	_{ed} <u>OC</u> T	2 7 19	89		
10 M. Cruling	c.s.									7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		-
Signature 1.11			1	-1		By_	CI	RIGINAL	SIGNED (RY		
W.J.Epr.	AMANI		gell	W			1.4	IKE WILL	tams			-
Printed Name 1969	*	SAC	/ Title	; 172.	2 A	Title			DR. DISTE	RICT II		
Date		T	elephone	e No.	ωD							

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

- 1) Request for allowable for newly defled 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.