

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  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Geology, Minerals and Natural Resources Department

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

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

RECEIVED  
JAN 10 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator: Socorro Petroleum Company  
Address: P.O. Box 38, Loco Hills, NM 88255  
Reason(s) for Filing (Check proper box):  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐ Change in Operator Name  
Change in Operator ☒ Casinghead Gas ☐ Condensate ☐ Effective January 1, 1990  
If change of operator give name and address of previous operator: Harcorn Oil Company, P.O. Box 2879, Victoria, TX 77901

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Turner "B" (A) Well No.: 62 Pool Name, Including Formation: Grayburg Jackson/7 RV QGSA Kind of Lease: ☒ Federal ☐ State Lease No.: LC029395B  
Location: Unit Letter: I : 1980 Feet From The: South Line and 660 Feet From The: East Line  
Section: 29 Township: 17S Range: 31E NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Texas-New Mexico Pipeline Company Address (Give address to which approved copy of this form is to be sent): P.O. Box 2528, Hobbs, NM 88240  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
Continental Oil Company Address (Give address to which approved copy of this form is to be sent): P.O. Box 460, Hobbs, NM 88240  
If well produces oil or liquids, give location of tanks: Unit: D Sec: 29 Twp: 17S Rge: 31E Is gas actually connected? Yes When? 10-24-60  
If this production is commingled with that from any other lease or pool, give commingling order number: CTB-202

IV. COMPLETION DATA

Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v  
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 AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  
Post ID-3  
2-9-90  
chz

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)  
Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)  
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/MCF Gravity of Condensate  
Testing Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  
Signature: Ben D. Gould  
Printed Name: Ben D. Gould Manager  
Date: 1/8/90 Telephone No.: 505/677-2360

OIL CONSERVATION DIVISION

Date Approved: FEB - 9 1990  
By: ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title: SUPERVISOR, DISTRICT II

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