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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
Bureau of Geology, Minerals and Natural Resources Department

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page
RECEIVED OCT 18 '89

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator: Harcorn Oil Co. Well API No. 30-015-
Address: P. O. Box 2879, Victoria, Texas 79702
Reason(s) for Filing (Check proper box):
New Well ☐ Change in Transporter of: ☐ Other (Please explain)
Recompletion ☐ Oil ☐ Dry Gas ☐ Change of Operator Name
Change in Operator ☒ Casinghead Gas ☐ Condensate ☐ Effective October 1, 1989
If change of operator give name and address of previous operator: Hondo Oil & Gas Company, P. O. Box 2208, Roswell, New Mexico 88202

II. DESCRIPTION OF WELL AND LEASE
Lease Name: Turner "B" (B) Well No. 48 Pool Name, Including Formation: Grayburg Jackson/7 RV QGSA Kind of Lease: Federal Lease No. L6029395B
Location: Unit Letter C : 560 Feet From The North Line and 1980 Feet From The West 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 (XX) or Condensate ☐ Address (Give address to which approved copy of this form is to be sent): Texas-New Mexico Pipeline Company P. O. Box 2528, Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas (XX) or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent): Continental Oil Company P. O. Box 460, Hobbs, New Mexico 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
10-27-89
shg ap

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/MMCF 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: W.J. GRAHAM Agent
Printed Name: W.J. GRAHAM Title: Agent
Date: Oct 5, 1989 Telephone No.: 505-677-2360

OIL CONSERVATION DIVISION
Date Approved: OCT 27 1989
By: ORIGINAL SIGNED BY MIKE WILLIAMS
Title: SUPERVISOR, DISTRICT I

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.