ubmit 5 Copies Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240

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

P.O. Drawer DD, Artesia, NM 88210 <u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87410 State of New Mexico Encry, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Revised 1.1.89
See Instructions
at Bottom of Page
RECEIVED

Form C-104

OCT 18'89

•		O TRANS	SPOF	AT OIL	AND NA	TURAL GA					
Derator Oill C							We	II API No.		0. C. D.	
Harcorn Oil C	0.				. <u> </u>		l			ARTESIA, OFFICE	
P. O. Box 287	9, Victo	ria, Tex	as 7	7902							
eason(s) for Filing (Check proper box		Change in Tra	ansnorte	r of:	U Oth	er (Please expla	ain)				
ecompletion	Oil		ry Gas		Change	of Opera	ator N	amo			
hange in Operator XX	Casinghead	i Gas 🗌 Co	ondensat	ue 🗌		tive Octo					
change of operator give name d address of previous operator Horn	do Oil &	Gas Com	ipany	, Р.				, New Mex	ico 882)2	
. DESCRIPTION OF WEL	L AND LEA	SE									
ease Name			ol Nam	e, Includi	ng Formation			nd of Lease ite, Federal or Fee		ease No.	
Max Friess MA	I	1Gr	aybu	irg-Ja	ekson-7	RV QGSA		deral	MILCO	55014	
Unit LetterB	: 61	60 Fe	et From	1 The No.	<u>rth</u> Lin	e and	30	Feet From The	East	Line	
Section 30 Town	ship 17S			31E		MPM,	F	ddv		County	
				0				<u>uuy</u>			
I. DESIGNATION OF TRA lame of Authorized Transporter of Oil		R OF OIL or Condensate		NATU		ve address to wi	hich appro	ved copy of this f	orm is to be s	ent)	
Shut in			• [_		100000000000			,		/	
lame of Authorized Transporter of Ca	inghead Gas	or or	Dry Ga	as 📃	Address (Gi	ve address to wi	hich appro	ved copy of this f	orm is to be s	ent)	
f well produces oil or liquids, ve location of tanks.	Unit	Sec. T	wp.	Rge.	Is gas actual	ly connected?	wi	hen ?			
this production is commingled with th	at from any oth	er lease or poo	ol, give	commingl	ing order nur	iber:					
V. COMPLETION DATA		Oil Well	Ga	s Well	New Well	Workover	Deepe	n Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	on - (X)			s wen			Dup				
ate Spudded	Date Comp	pl. Ready to Pr	rod.		Total Depth			P.B.T.D.	P.B.T.D.		
levations (DF, RKB, RT, GR, etc.)	Name of P	roducing Form	ation		Top Oil/Gas	Pay		Tubing Dep	ւհ		
erforations								Depth Casir	g Shoe		
	7	UBING, C	ASING	G AND	CEMENT	ING RECOR	RD				
HOLE SIZE	CA	SING & TUB	ING SIZ	ZE		DEPTH SET	Γ		SACKS CEN	IENT	
									·-····		
	DOT DOD]	
. TEST DATA AND REQU				and musi	t be equal to a	r exceed top all	lowable for	this depth or be	for full 24 ho	urs.)	
Date First New Oil Run To Tank	Date of Te					lethod (Flow, p					
				- <i></i>				Choke Size		Posted I	
ength of Test	Tubing Pre	ssure			Casing Pres	sure		Choke Size		Posted I 10/2718 Chy Op	
Actual Prod. During Test	Oil - Bbls.				Water - Bbl	6.		Gas- MCF		- Chy Op	
				······································					<u> </u>		
GAS WELL Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conde	ensate/MMCF		Gravity of	Condensate		
esting Method (pitot, back pr.)	pr.) Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size						
VI. OPERATOR CERTIF	ICATE OF	F COMPI	IAN	CE						~~····································	
I hereby certify that the rules and rules	egulations of the	e Oil Conserva	tion				NSEH	VATION	DIVISI	JIN	
Division have been complied with is true and complete to the best of	ind that the info my knowledge a	rmation given ind belief.	above				ed (OCT 2 7 1	989		
115/12	gan										
Signature 7 7	HAM	/		<u>}</u>	By.	<u> </u>		AL SIGNED	BY t		
W. GRA	HAM_	Hqe	<u>W</u> Title			¢	Vicke V Slipfri	ICARMS ASOR, DIST			
Printed Name	89	50567	17 23	360	Title	9`)	
Date	<u> </u>	Telepl	hone No).					•		

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.

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	RECEIVE	D EY			
	MAR -9	1987			
STATE OF NEW MEXICO		1307			
ENERGY AND MINEPALS DEPARTMENT	0				
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TANKA FT	OIL CONSERV	VATION DIVISI	ON	Forma	05-01-83
V.A.O.L.		BOX 2088		Page 1	
LAND OFFICE	SANTA FE, N	EW MEXICO 8750	1		
TRANSPORTER OIL					
GPERATOR	REQUEST F	OR ALLOWABLE		C	T
PROMATION OFFICE	AUTHORIZATION TO TRAN	AND		>	
Operator		SPORT UIL AND NAT	URAL GAS		
Hondo Oil & Gas Comp					
Address Cas Constant					
P. O. Box 2208; Rost	vell, New Mexico 8820	1			
[Check proper son)	HEALCO OCLU	Uther (Plea)	Re explains		······
New Well	Change in Transporter of:				
Change in Ownership		Dry Gas Effe	ge in Operat Stíve March	for name	
	Casinghead Cas	Condensate	ctive March	1, 1987	
I change of ownership give name A and address of previous ownerA	RCO 011 and Gas Compa	ne Division o			
un entite of bleatons owner	RCO Oil and Gas Compa	ny - Division of	Atlantic R	ichfield Co	mpany
p		d. Texas 79702			
P	. O. Box 1610, Midlan	,			
DESCRIPTION OF WELL AND I	LEASE				
L DESCRIPTION OF WELL AND	EASE	Fermetton	Kind of Lease	_	Late No
Max Friess MA	LEASE 1 Pool Name, Including 1 Grayburg Jack	Formation (80n-7R.Q.G.S.A.	State, Federal or	······	LC65014
Max Friess MA	LEASE 1 Grayburg Jack Feet From The North Li	Formation (80n-7R.Q.G.S.A.	State, Federal or	······	/ <u></u> .
Line of Section 30 Towned	LEASE 1 Grayburg Jack Feet From The From The From The	Committion (801-7R.O.G.S.A. ne and	State, Federal or	······	LC65014
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