

## OIL CONSERVATION DIVISION

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MAR 24 1986

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
O.C.D.  
ARTESIA, OFFICE

Harvard Petroleum Corporation

Address

P.O. Box 936, Roswell, New Mexico 88201

CASINGHEAD GAS MUST NOT

Reason(s) for filing (Check proper box)

New Well ☒  
Recompletion ☐  
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

FLARED AFTER 6-2-86

UNLESS AN EXCEPTION TO:  
RULE 306 IS OBTAINED

EX # 2747 until 9-30-86

Change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name Barbie	Well No. 3	Pool Name, Including Formation Millman Grayburg	Kind of Lease State, Federal or Fee State	Lease No. LG-2676
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Location

Unit Letter E : 2310 Feet From The North Line and 990' Feet From The West

Line of Section 13 Township 19S Range 27E, NMPM, Eddy County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Artesia, NM 88210
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Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
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If well produces oil or liquids, give location of tanks.	Unit E	Sec. 13	Twp. 19S	Rge. 27E	Is gas actually connected? No	When
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If this production is commingled with that from any other lease or pool, give commingling order number:

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 12/31/85	Date Compl. Ready to Prod. 1/23/86	Total Depth 2005'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 3466 GL	Name of Producing Formation Grayburg	Top Oil/Gas Pay 1844' 1682'	Tubing Depth 1955'					
Perforations 1682-1844, 36 Holes						Depth Casing Shoe 2005'		

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8 24#	320'	300 CIRC
7 7/8	5 1/2 17#	2005'	300 CIRC
	2 3/8	1955'	

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 Tanks 1/23/86	Date of Test 1/24/86	Producing Method (Flow, pump, gas lift, etc.) Pumping	Post TD-2 4-4-86 Comp & RH
Length of Test 24 Hours	Tubing Pressure -0-	Casing Pressure -0-	Choke Size Open
Actual Prod. During Test 108	Oil-Bbls. 10	Water-Bbls. 98	Gas-MCF TSTM

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

## 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.



Agent

(Title)

3/19/86

(Date)

## OIL CONSERVATION DIVISION

MAR 31 1986

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_  
Original Signed By  
Les A. ClementsTITLE \_\_\_\_\_  
Supervisor District II

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests 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, well name or number, or transporter, or other such change of condition. Form C-104 must be filed for each pool in multiple.