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LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
NATURAL GAS	<input checked="" type="checkbox"/>
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY

MAR 28 1986

O. C. D.

ARTESIA, OFFICE

Harvard Petroleum Corporation

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

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 6-2-84UNLESS AN EXCEPTION TO:
RULE 306 IS OBTAINED

BY 2-747 - 9-30-86

DESCRIPTION OF WELL AND LEASE

Lease Name Barbie	Well No. 4	Pool Name, including Formation Grayburg W. Miller Grayburg	Kind of Lease State, Federal or Fee	State	Lease No. LG-2676
Location Unit Letter D : 990' 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, New Mexico 88210
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)

If well produces oil or liquids, give location of tanks.	Unit C	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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded 1/25/86	Date Compl. Ready to Prod. 2/5/86	Total Depth 1920'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 3458 GL	Name of Producing Formation Grayburg	Top Oil/Gas Pay 1830' 1665'	Tubing Depth 1870'					
Perforations 1665-1830 - 40 Holes						Depth Casing Shoe 1920'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" 24#	309'	350 SX CIRC
7 7/8"	5 1/2" 14.5#	1920'	360 SX CIRC
	2 3/8"	1870'	

TEST DATA AND REQUEST FOR ALLOWABLE

(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)

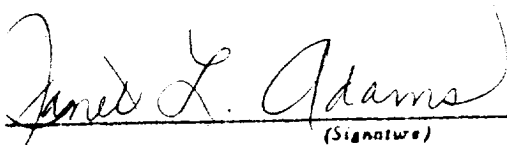
OIL WELL	Date of Test 2/5/86	Producing Method (Flow, pump, gas lift, etc.) Pump	Post ID-2 4-4-86 Comp & Bld
Date First New Oil Run To Tanks 2/5/86	Tubing Pressure	Casing Pressure -0-	Choke Size Open
Length of Test 24 Hours	Oil-Bbls. 17	Water-Bbls. 87	Gas-MCF TSTM
Actual Prod. During Test 104			

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

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

(Signature)

3/19/86

(Title)

(Date)

OIL CONSERVATION DIVISION

MAR 31 1986

APPROVED _____, 19

Original Signed By

BY Les A. Clements

TITLE Supervisor District IJ

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.

Separate Form C-104 must be filed for each pool in multiple completed wells.