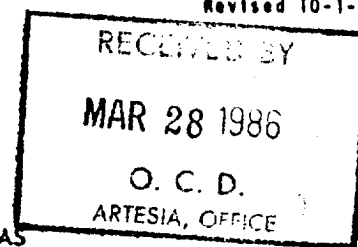


OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501Form C-104  
Revised 10-1-78

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REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASOperator  
Harvard Petroleum CorporationAddress  
P.O. Box 936, Roswell, New Mexico 88201

CASINGHEAD GAS MUST NOT BE

FLARED FOR 6-2-86

UNLESS AN EXCEPTION TO:

RULE 1104 IS OBTAINED

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Change operator from Salkar, Inc. to Harvard  
Petroleum Corporation and Change name of  
well from Barbie Kay #1 to Loco Hill State  
#1.

If change of ownership give name  
and address of previous owner Salkar, Inc.

## DESCRIPTION OF WELL AND LEASE

Lease Name Loco Hills State	Well No. 1	Pool Name, Including Formation Ind. W. Millman Grayburg	Kind of Lease State, Federal or Fee	State	Lease No. LG-4290
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Location  
Unit Letter A : 990 Feet From The North Line and 330 Feet From The West EAST  
Line of Section 14 Township 19S Range 27E, NMPM, Eddy County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐  
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 ☐ or Dry Gas ☐ 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 A Sec. 14 Twp. 19S Rge. 27E Is gas actually connected? No When

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 ☒ Gas Well ☐ New Well ☒ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v. ☐  
Date Spudded 1/17/86 Date Compl. Ready to Prod. 3/5/86 Total Depth 1900' P.B.T.D.  
Elevations (DF, RKB, RT, GR, etc.) 3457' GL Name of Producing Formation Grayburg Top Oil/Gas Pay 1790' 1854' Post ID-3  
Perforations 1590-1790 Depth Casing Shoe 1900' Cng op of well Name

## 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" 20#	1900'	350 SX CIRC
	2 3/8	1854'	

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 2/6/86 Date of Test 2/6/86 Producing Method (Flow, pump, gas lift, etc.) Pump  
Length of Test 24 Hours Tubing Pressure -0- Casing Pressure -0- Choke Size Open  
Actual Prod. During Test 134 Oil-Bble. 17 Water-Bble. 117 Gas-MCF TSTM

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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.

*Janet Adams*  
(Signature)  
Agent

(Title)

3/19/86

(Date)

## OIL CONSERVATION DIVISION

APPROVED MAR 31 1986, 19

BY Original Signed By  
Les A. Clements

TITLE 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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.