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TRANSPORTER	OIL
	GAS
OPERATOR	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Supersedes OIL C-101 and
EFFECTIVE 1-1-65

JAN 08 1981

ARTESIA, OFFICE

Harlan Oil Company

P.O. Box 668, Artesia, N.M. 88210

Reason(s) for filing (Check proper box)

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

Other (Please explain)

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 3-1-81
UNLESS AN EXCEPTION TO Rule 306
IS OBTAINED

If change of ownership give name
and address of previous owner

Ex # 2-481 Until Further Notice

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.			
Gulf State	3	E. Millman SR	State, Federal or Free State	E-7815			
Location							
Unit Letter	1650	Feet From The North	1650	Feet From The East			
Line of Section	21	Township	19S	Range	28E	County	Eddy

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter (Full Name) ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
The Permian Corporation	P.O. Box 1183, Houston, Texas 77001					
Name of Authorized Transporter (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	Sec.	Twp.	Range	Is gas actually condensed?	When
	G	21	19S	28E	No	

If this production is commingled with that from any other lease or pool, give commingling order number

III. COMPLETION DATA

Designate Type of Completion - (X)	On well ☒ Gas well ☐ New well ☐ Re-completing ☐	Flow test ☐ Shut-in test ☐	
Date completed	Date completed ready for test	Total Depth	PLUGGED
7/1/80	11/15/80	1300'	1155'
Perforations (in, out, etc., etc.)	Name of Producing Formation	Top of Gas Pay	Testing Depth
3521' GR	Seven Rivers	1078'	1061'
Perforations			Depth Casing Shoe
1078-1081'			1061'
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12"	8 5/8" 24#	320'	150
7 7/8"	4 1/2" 10.50#	1175'	150

IV. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of lead oil and must be equal to or exceed in production for this depth or for full 24 hours)

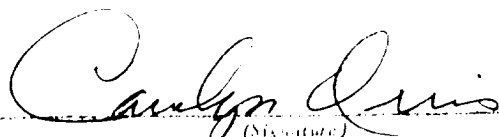
Date First New Oil Run To Tanks	Date of Test	Producing Method (Lift, pump, gas lift, etc.)	
12/10/80	12/13/80	Pumping	
Length of Test	Testing Pressure	Casing Pressure	Choke Size
24 hrs.			
Actual Prod. During Test	Oil Wells	Water Wells	Gas-MCF
4	3	1	TSM

GAS WELL

Actual Prod. Tests-MCF/D	Length of Test	Line Condensate/MCF	Gravity of Condensate
Testing Method (Test, back test)	Testing Pressure (psia-in)	Casing Pressure (psia-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.



Production Clerk

(Date)

12/19/80

OIL CONSERVATION COMMISSION

JAN 09 1981

APPROVED

BY

TITLE

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or re-completing well, this form must be accompanied by a tabulation of the recovery taken on the well in accordance with RULE 1101.
All sections of this form must be filled out completely and not left blank or marked "N/A".
Fill out only Sections I, II, III, and IV for change of ownership. If name of producer or transporter or other such change of name.