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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	
OPERATOR		/
PRODUCTION OFFICE		

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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SEP - 5 1978

I. Operator HARLAN OIL COMPANY ✓
Address P. O. BOX 668, ARTESIA, NEW MEXICO 88210
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 of Operator from Mountain States Petroleum Corporation

If change of ownership give name and address of previous owner Mountain States Pet. Corp. Box 1936 Roswell N.M. 88201

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<u>Fryman State</u>	<u>1</u>	<u>East Millman Seven Rivers</u>	State, Federal or Fee	<u>B-9198</u>
Location				
Unit Letter	<u>F</u>	Feet From The	<u>North</u>	Line and
	<u>1650</u>			<u>2310</u>
				Feet From The
				<u>West</u>
Line of Section	<u>21</u>	Township	<u>19S</u>	Range
				<u>28E</u>
				NMPM, <u>EDDY</u>
				County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
<u>Navajo Crude Oil Purchasing Company</u>	<u>P. O. Drawer 175, Artesia, N. M. 88210</u>					
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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>F</u>	<u>21</u>	<u>19S</u>	<u>28E</u>		

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv. Perf. Reperf.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
Elevations (DF, REB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
Perforations					Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

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

VI. 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.

Agent.

September 1, 1978

(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP - 6 1978

BY W. A. Gressett

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 results of tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells except in the case of a gas well.

Fill out only Sections I, II, III, and VI for changes of name, well number or number, or transporter, or other such change of conditions.