

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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

RECEIVED

I. **OPERATOR**  
Operator Harbor Oil Inc.  
Address 901 West Pierce, El Paso, New Mexico  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter ☐ Other (Please explain) in operation allowable from  
Recompletion ☐ El Paso - this to Harbor Oil Inc.  
Change in ownership ☐ Production Gas ☐ Condensate ☐ El Paso Central Pipeline  
If change of ownership give name and address of previous owner Harbor Oil Inc., El Paso, New Mexico

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Well Name, including Formation	Kind of Lease
<u>State #1</u>	<u>1</u>	<u>Harbor Oil Level 1</u>	<u>State, Federal or Fee State</u>
State <u>#1</u>			
Section <u>6</u>	<u>330</u>	Feet from The <u>Surface</u> to and <u>1200</u> Feet from The <u>East</u>	
Range <u>17</u>	Township <u>20</u>	Range <u>30</u>	County <u>El Paso</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<u>Harbor Oil Inc.</u>	<u>901 West Pierce, El Paso, New Mexico</u>	
Name of Authorized Transporter of Desiginate 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 it pads, give location of tanks.	Unit <u>E-17</u>	Sec. <u>330</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 Res'ty.	Diff. Res'ty.
Date drilled	Date Compl. Ready to prod.	Total Depth		P.B.T.D.					
Depth	Name of Producing Formation	Tip Oil/Gas Pay		Tubing Depth					
Formation				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

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 Flow during Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual First Test-MCF	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure	Casing Pressure	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.

President

(Title)

11-11-65

(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 22 1965, 19

BY W. H. Armstrong

TITLE Oil Well Operator

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 Sections I, II, III, and VI only 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.