

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

30-045-24187

NO. OF COPIES RECEIVED	4
DISTRIBUTION	
SANTA FE	7
FILE	7
U.S.D.S.	
LAND OFFICE	
TRANSPORTER	7
OIL GAS	
OPERATOR	1
PRODUCTION OFFICE	
Operator	

Harlan Drilling Company

Address

P. O. Box 1367, Farmington, New Mexico 87401

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)

If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name <u>Harlan Tall Jim</u>	Well No. <u>2</u>	Pool Name, Including Formation <u>Verde-Gallup</u>	Kind of Lease <u>Indian Allotted</u>	Lease No. <u>N00-C-14-20-5337</u>
Location				
Unit Letter	<u>990'</u>	Feet From The <u>N</u> Line and <u>990'</u>	Feet From The <u>W</u>	
Line of Section	<u>1</u>	Township <u>30N</u>	Range <u>16W</u>	NMPM, <u>San Juan</u> County

## 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>Thriftway Company</u>	<u>P. O. Box 1367, Farmington, N. M. 87401</u>	
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. <u>150' E of well</u>	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected?	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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
<u>January 1, 1980</u>	<u>March 3, 1980</u>		<u>1805'</u>		<u>1805'</u>			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
<u>5536 GL KB 5544</u>	<u>Verde-Gallup</u>		<u>1601'</u>		<u>1768'</u>			
Perforations					Depth Casing Shoe			
<u>Open hole 1562' - 1805'</u>								

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>20"</u>	<u>16"</u>	<u>30'</u>	<u>8 yds. redemix to cir.</u>
<u>14-3/4"</u>	<u>11-3/4"</u>	<u>600'</u>	<u>330 sacks</u>
<u>9-7/8"</u>	<u>7-5/8"</u>	<u>+1551'</u>	<u>335 sacks</u>

## 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.)
<u>Mar. 5, 1980</u>	<u>Mar. 6, 1980</u>	<u>pump</u>
Length of Test	Tubing Pressure	Casing Pressure
<u>24 hours</u>	<u>--</u>	<u>--</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
<u>2.08</u>	<u>1.52</u>	<u>.56</u>

## 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.

Linda Hester  
(Signature)

Secretary

(Title)

May 6, 1980

(Date)

## OIL CONSERVATION DIVISION

APPROVED MAY 8 1980, 19BY Original Signed by FRANK T. CHAVEZTITLE SUPERVISOR DISTRICT # 3

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.