Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

State of New Mexico

Energy, Minerals and Natural Resources Department

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410) REQ				ABLE AND		RIZATIC	NI.				
I.	, i.e. or				IL AND NA		GAS		·····			
Operator Harrison Petroleum 37453							\	BOSOS	API NO. 30-045-22107			
Address P. O. Box 352,	Shipr			. 874	120		l	,				
Reason(s) for Filing (Check proper box)	·					er (Please ex	plain)					
New Well		Change in			12.02		•					
Recompletion [] Change in Operator	Oil Casinaba	لكيا [] ad Gas	Dry Gas		Ch	ange o	of Ope	rator				
If change of operator give name					nc Boy	. 215	Corto	z, Co.,	<u>Ω1321</u>			
			pmem		ic., box	213,	COLCE	2, 00.,	01321			
II. DESCRIPTION OF WELL Lease Name	AND LE	·	Pool Na	me, Inclu	ding Formation		г	ind of Lease NA	VAITO	Lease No		
Navajo <i>14</i> //	20	15			ks Gall	up 44	690 SI	ate, <u>Federal o</u> r F	ce 14-2	20-603-50		
Location Unit Letter N		110	_		South	22	25		Wes	:+		
	·	10	Feet Fro		outh Line	and		Feet From The		Line		
Section 27 Townsh	_{nip} 32N		Range	17W	, NN	мрм,	Sa	n Juan		County		
III. DESIGNATION OF TRAI	NSPORTE	ER OF OI	L AND	NATU	RAL GAS							
Name of Authorized Transporter of Oil	ary Williams, Energy Corp. COOL					Address (Give address to which approved copy of this form is to be sent) 89 Rd., Blmfld., NM., 87413						
Name of Authorized Transporter of Casis			or Dry G		_	<u> </u>		eved copy of this		cent)		
None									jorn S lo de s	ieruj		
If well produces oil or liquids, jive location of tanks.	Unit N	Sec. 27	Twp.	Rge. 17W	is gas actually	connected?	w	hen ?				
this production is commingled with that	from any oth	ner lease or p			ling order numb	er:		· · · · · · · · · · · · · · · · · · ·	****			
V. COMPLETION DATA												
Designate Type of Completion	- (X)	Oil Well	Ga	s Well	New Well	Workover	Deepe	n Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Comp	pl. Ready to	Prod.		Total Depth			P.B.T.D.	.4			
Elevations (DF, RKB, RT, GR, etc.)	levations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas P	ay		Tuhing Den	Tubing Depth			
erforations	<u> </u>		·····									
VIII WITHING								Depth Casin	ig Shoe			
					CEMENTIN			9				
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SEDIE			V SACHS CEMENT			
	l					U	<u>u </u>		-			
							JAI	13 1 1994				
. TEST DATA AND REQUES	 ST FOR A	LLOWA	BLE				OIL C	ON. DI	V			
IL WELL (Test must be after r	ecovery of lo	tal volume o	f load oil	and must	be equal to or e	exceed top all	owable for	DIST pil 3 r be		urs.)		
ate First New Oil Run To Tank	Date of Tes	4			Producing Met	hod (Flow, p	ump, gas ly	i, elc.)				
ength of Test	Tubing Pres	Tubing Pressure		Casing Pressure	e		Choke Size					
ctual Prod. During Test			-		·							
order traction to the traction of the traction	Oil - Bbls.				Water - Bbls.			Gas- MCF				
AS WELL					L							
ctual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of C	Gravity of Condensate				
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)				Choke Size				
		(-11 -1	,		Casing Fresaute	c (snut-ni)		Choke Size				
I. OPERATOR CERTIFIC				E								
I hereby certify that the rules and regular Division have been complied with and t	tions of the C	Dil Conserva	tion			IL CON	NSER\	/ATION [DIVISIO)N		
is true and complete to the best of my k	nowledge and	ыноп given d belief.	above		D	A		JAN 3 11	994			
-Par (1 N/	t				Date /	Approve						
Signature 1	ny	m/(27/		By		る	i) th	/			
Printed Name	Harr	rison) K	<u>.</u>			SUPER	RVISOR DIS	TRICT 4	12		
1-26-94		368-	ille 5/3	1	Title_							
Date		Teleph	one No		i							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azicc, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	TOT	RANSPORT	OIL AND NATURAL					
Operator Harrison Petr	coleum			Well API No.				
Address		7.4.2.0	5-22/	07				
P. O. Box 352 Reason(s) for Filing (Check proper be	· -	., NM., 8/						
New Well		e in Transporter of:	Other (Please	explain)				
Recompletion []		Dry Gas	Change	of Opera	ator			
Change in Operator	Casinghead Gas			or opere	1001			
f change of operator give name nd address of previous operator P	A.P.A. Deve	Lopment, I	Inc., Box 215,	Cortez	. Co., 8	31321		
I. DESCRIPTION OF WEI							····	
Lease Name		No. Pool Name, Inc	luding Formation	Kind	of Lease NAV	ALTO I		
Navajo 14,	160 15	Many Ro	ocks Gallup	1690 State	Federal or Fee	14-20	0-603-5	
Location				<u> </u>			·	
Unit Letter N	: 410	Feet From The	South Line and2	2225 Fe	cet From The _	West	Line	
Section 27 Town	nship 32N	Range 17	7W , NMPM,	San	Juan		County	
H DESIGNATION OF TR	AMEDODTED OF	OH AND MAG						
II. DESIGNATION OF TRA	or Con	densate [a which approve	Lanny of this for			
Gary Williams, Ene	Address (Give address to which approved copy of this form is to be sent) 89 Rd., Blmfld., NM., 87413							
Name of Authorized Transporter of Ca	Address (Give address to which approved copy of this form is to be sent)							
None f well produces oil or liquids,	I this I o							
ve location of tanks.	Unit Sec. N 27	Twp. R ₁	ge. Is gas actually connected	d? When	7			
this production is conumingled with the	hat from any other lease	or pool, give commi	ngling order number:					
V. COMPLETION DATA								
Designate Type of Completic	Oil W	cil Gas Well	New Well Workover	r Deepen	Plug Back S	ame Res'v	Diff Res'v	
ate Spudded	Date Compl. Ready	LIO Pay	Total Depth		<u> </u>		1	
	Dure Compr. Ready	TO FRAG.	Total Lepti		P.B.T.D.			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Formation	Top Oil/Gas Pay	Tubing Depth				
riorations								
					Depth Casing	Shoe		
	TUBING	G, CASING AN	D CEMENTING RECO	ORD	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
HOLE SIZE		TUBING SIZE	DEPTH S	ESPE	VER	CKS CEME	NT	
			- K	U 55				
				1440014	004	<u></u>		
				JAN 31'1	994			
TEST DATA AND REQUI			0	IL CON.	DIV.			
IL WELL (Test must be after the First New Oil Run To Tank	Date of Test	ue of load oil and mu	us be equal to or exceed top of	allowald SThis	epth or be for	full 24 hour.	r.)	
TO THE POST OF THE	Date of Test		Producing Method (Flow,	. pump, gas lýt, et	(. .)			
ength of Test	Tubing Pressure		Casing Pressure	Choke Size				
tual Prod. During Test								
Oil - Bbls.		Water - Bbls.	Gas- MCF					
AS WELL							·	
tual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF					
			Duis. Condensate/MIVICI		Gravity of Con	densate		
ling Method (pitot, back pr.)	Tubing Pressure (Shi	ul-in)	Casing Pressure (Shut in)		Choke Size	5 4 4 4 M	<u></u>	
ODED ATTOR CONTRACT								
LOPERATOR CERTIFIC	CATE OF COM	PLIANCE	01.00	NICEDI (A	TION			
I hereby certify that the rules and regularision have been complied with an	d that the information of	rvation ven above		NSERVA	TION D	1412101	A	
is true and complete to the best of my	knowledge and belief.		Data Anne	AL bor	N 3 1 1994	4		
to, (1011.	, , ,		Date Approv	eu				
Signature /	vuisis,	04	Ву	3:11	\mathcal{A}	/		
Leo J	. Harrison			- CUDETO	Minn	<i></i>		
Printed Name / - 76-94	1 2/-0	Title 121	Title	SUPERVIS	OR DISTR	CT #8		
Date		lephone No.						
	• • •		13					

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