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Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
En Minerals and Natural Resources Department

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

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

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

**OCT 18 '89**

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

<b>I. Operator</b>		<b>Well API No.</b>	<b>O. C. D.</b>
Harcorn Oil Co.		30-015-	<b>ARTESIA, OFFICE</b>
<b>Address</b>			
P. O. Box 2879, Victoria, Texas 79702			
<b>Reason(s) for Filing (Check proper box)</b>			
<input type="checkbox"/> New Well		<input type="checkbox"/> Other (Please explain)	
<input type="checkbox"/> Recompletion		Change of Operator Name	
<input checked="" type="checkbox"/> Change in Operator		Effective October 1, 1989	
If change of operator give name and address of previous operator		Hondo Oil & Gas Company, P. O. Box 2208, Roswell, New Mexico 88202	

**II. DESCRIPTION OF WELL AND LEASE**

<b>Lease Name</b>	<b>Well No.</b>	<b>Pool Name, Including Formation</b>	<b>Kind of Lease</b>	<b>Lease No.</b>
Turner "B"	7	Grayburg Jackson/7 RV QGSA	Federal	L6029395B
<b>Location</b>				
Unit Letter	0	660	Feet From The South	Line and 1980
Section	17	Township	17S	Range 31E, NMPM, Eddy County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

<b>Name of Authorized Transporter of Oil</b>	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	<b>Address (Give address to which approved copy of this form is to be sent)</b>
Texas-New Mexico Pipeline Company		P. O. Box 2528, Hobbs, New Mexico 88240
<b>Name of Authorized Transporter of Casinghead Gas</b>	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	<b>Address (Give address to which approved copy of this form is to be sent)</b>
Continental Oil Company		P. O. Box 460, Hobbs, New Mexico 88240
<b>If well produces oil or liquids, give location of tanks.</b>	<b>Unit</b>	<b>Sec.</b>
	D	29
		17S
		31E
<b>Is gas actually connected?</b>	<b>When ?</b>	
Yes.	6-2-60	

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

**IV. COMPLETION DATA**

<b>Designate Type of Completion - (X)</b>	<b>Oil Well</b>	<b>Gas Well</b>	<b>New Well</b>	<b>Workover</b>	<b>Deepen</b>	<b>Plug Back</b>	<b>Same Res'v</b>	<b>Diff Res'v</b>
<b>Date Spudded</b>	<b>Date Compl. Ready to Prod.</b>		<b>Total Depth</b>			<b>P.B.T.D.</b>		
<b>Elevations (DF, RKB, RT, GR, etc.)</b>	<b>Name of Producing Formation</b>		<b>Top Oil/Gas Pay</b>			<b>Tubing Depth</b>		
<b>Perforations</b>				<b>Depth Casing Shoe</b>				

**TUBING, CASING AND CEMENTING RECORD**

<b>HOLE SIZE</b>	<b>CASING &amp; TUBING SIZE</b>	<b>DEPTH SET</b>	<b>SACKS CEMENT</b>

**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.)

<b>Date First New Oil Run To Tank</b>	<b>Date of Test</b>	<b>Producing Method (Flow, pump, gas lift, etc.)</b>	
<b>Length of Test</b>	<b>Tubing Pressure</b>	<b>Casing Pressure</b>	<b>Choke Size</b>
			Posted TD3 10-27-89 chg OP
<b>Actual Prod. During Test</b>	<b>Oil - Bbls.</b>	<b>Water - Bbls.</b>	<b>Gas - MCF</b>

**GAS WELL**

<b>Actual Prod. Test - MCF/D</b>	<b>Length of Test</b>	<b>Bbls. Condensate/MMCF</b>	<b>Gravity of Condensate</b>
<b>Testing Method (pitot, back pr.)</b>	<b>Tubing Pressure (Shut-in)</b>	<b>Casing Pressure (Shut-in)</b>	<b>Choke Size</b>

**VI. OPERATOR 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.

*W.S. GRAHAM*  
Signature  
W.S. GRAHAM  
Printed Name  
Oct 5, 1989  
Date  
505-6772360  
Telephone No.

**OIL CONSERVATION DIVISION**

**OCT 27 1989**

Date Approved  
By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II

**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.