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

State of New Mexico Enc Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions

at Bottom of Page

RECEIVED

<u>DISTRICT II</u> P.O. Drawer DD, Anesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

OCT 18'89

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l		TO TF	RANS	PORT	Oll	L AND NA	TURAL G	AS		_		
Operator									API No.	O. C. D.		
Harcorn Oil	. Co.							30-	015-	ARTESIA, OFFI		
	1870 Wil	otorio	Фor	voo 70	70	0						
P. O. HOX 2 Reason(s) for Filing (Check proper bo	2x)	J GOTTA,	, 162	xas 19	10		her (Please expi	lain)				
New Well	,	Change	in Tran	sporter of:			=					
tecompletion Oil Dry Gas							Change of Operator Name Effective October 1, 1989					
Change in Operator	Casingh	read Gas		_		E116	COLVE OC	coper !	, 1909			
f change of operator give name H	ondo Oil	L & Gas	G Con	npany.	P	O. Box	2208	Roswell	Nou Me	exico 88202		
•				1 3				TIODWCT I.	, NOW PIC	5X1CO 00202		
I. DESCRIPTION OF WEI	LL AND L											
ease Name Well No. Pool Name, Inc								of Lease				
Turner "A" 6 Grayburg Jacks					ks	on/7 RV QGSA Federa			Federal or Fe	D29395A		
	6	60			90	vı.+h						
Unit Letter N	: <u>_</u>		_ Feet	From The	שני	Lin	ne and198	<u> 80 </u>	eet From The	West Line		
Section 18 Tow	nship	17S	D		31	IF		TD 4 4				
Decide 10 10W	nwith	110	Ran	ge	۱ ر	E N	МРМ,	Eddy		County		
II. DESIGNATION OF TR	ANSPORT	ER OF	OTT. A	ND NA	ו דיני	RAL GAS						
ivame of Authorized Transporter of O	ii 🖳	or Cond	ensale		• •	Address (Gi	ve address to w	hich approved	copy of this	form is to be sent)		
NONE - WIW								••				
Hame of Authorized Transporter of C NONE	asinghead Gas		or D	ry Gas		Address (Gi	ve address to w	hich approved	copy of this	form is to be sent)		
If well produces oil or liquids,	Unit	Sec.				<u> </u>						
ive location of tanks.	1	1 300,	Twp	, j 1	kge.	ls gas actual	ly connected?	When	?			
this production is commingled with	hat from any o	other lease o	or pool,	give comm	ning	ling order num	her					
V. COMPLETION DATA			•						· · · · · · · · · · · · · · · · · · ·			
Designate Type of Completi	ion (V)	Oil We	ell	Gas We	11	New Well	Workover	Deepen	Plug Back	Same Res'v Diff Res'v		
Date Spudded		l				<u> </u>	<u> </u>	<u>i</u>	j			
Aut Shinger	Date Col	mpl. Ready	to Prod	i.		Total Depth				Posted ID-3		
levations (DF, RKB, RT, GR, etc.)	Name of	Producing	Earnet			Top Oil/Gas	Da.	· · · · · · · · · · · · · · · · · · ·		Chy Open 10-27-8		
(* *) *****************************	T TABLE OF	rioducing	roman	ion		Top Olivoas	гау		Tubing Dep	th		
Perforations			· · · · · ·		—	L			Depth Casir	og Choa		
									Depui Casii	ik arioe		
		TUBINO	i, CA	SING A	ND	CEMENTI	NG RECOR	D.				
HOLE SIZE	<u>c</u>	CASING & TUBING SIZE				DEPTH SET			1	SACKS CEMENT		
				···		ļ						
/. TEST DATA AND REQU	JEST FOR	ALLOV	VABL	E		<u></u>						
IL WELL (Test must be aft	ter recovery of	total volum	ue of loc	ad oil and i	musi	be equal to o	r exceed top all	owable for the	is death or he	for full 24 hours.)		
Date First New Oil Run To Tank	Date of	Test				Producing M	lethod (Flow, pi	ump, gas lift,	etc.)	jor juli 24 nows.)		
L. d. CT.												
ength of Test	Tubing F	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	la					Western Distriction			0.00			
	Oil - Bbl	15.				Water - Bbls	L		Gas- MCF			
GAS WELL									.l			
Actual Prod. Test - MCF/D	Length o	of Test				IDNA Carda	A D 40F					
	,	Longin of Teat				Bbis. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr)	Tubing I	Tubing Pressure (Shut-in)				Casing Press	zure (Shut-in)	· · · · · · · · · · · · · · · · · · ·	Choke Size			
VI. OPERATOR CERTIF												
I hereby certify that the rules and r	egulations of the	he Oil Cons	ervatio	o			OIL CON	USERV	ATION	DIVISION		
Division have been complied with is true and complete to the best of	and that the in my knowledge	itorniation g and belief	iven ab	ove					_			
	1					Date	a Approve	ed <u>00</u>	T 2 7 1	1989		
11XXVII	leen						-					
Signature	1 -		4	1		∥ By_	(J. C. N.	LOGNED ZALIS	BY		
Printed Name	uam		yes	w	_		· · · · · · · · · · · · · · · · · · ·		₹10-1S	-		
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Date		<u></u>	01	1000	_	11						

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.