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

## State of New Mexico Er ', 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

RECEIVED

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

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

Santa Fe, New Mexico 87504-2088

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Operator	<del></del>	10 111	<u> </u>	. 011	11 011	- AND NA	TUNALG		API No.		O. C. D.	
Harcorn Oil Co.						30-015-				ARTESIA, OFFICE		
Address P. O. Boyr 201	70 11:	L	m		7000							
P. O. Box 28° Reason(s) for Filing (Check proper box)	79, VIC	toria,	Tex	xas	7970		/D/	f-: \				
New Well		Change i	o Tran	sporter	of:		er (Please expl e of Ope		0 m o			
Recompletion	Oil		Dry				ctive Oc					
Change in Operator XX	Casinghe		_	densate								
If change of operator give name and address of previous operator	ndo Oil	& Gas	Con	npany	у, Р	. 0. Box	2208 ,	Roswell	, New M	exico 88	202	
II. DESCRIPTION OF WELL	AND LE	ASE										
Lease Name		Well No.	Pool	Name	, Includ	ing Formation	Fren 7RV	Kind	of Lease	1	ease No.	
Turner "A"		133 <b>0.74</b>	XXXX	XXXX	<b>XXXX</b>	XXXXXXXXX	XXXX	Federa	Pederal or P	D20395A		ER
Unit Letter K	160	50	_	_		011+h	005					
Out tettet	_ :	20	_ Feel	From '	The 🚉	outh_Lim	and	<u> </u>	eet From The	West	Line	
Section 18 Township 17S Range 31E					E	, NMPM, Eddy					County	
III DEGICNATION OF TO A	ICDA DOC	an on o							<del></del>			
III. DESIGNATION OF TRAP Name of Authorized Transporter of Oil	APLOKIE	or Conde	DEL A	ע מאי	ATU		addrens to	bish same		<del>,</del>		
	 			L	j	Addiesa (Otty	E COURT ST. 10 M	nich approved	copy of thus	form is to be s	eni)	
Name of Authorized Transporter of Casis	ighead Gas		or D	ry Gas		Address (Giw	address to w	hich approved	copy of this	form is to be s	ent)	
If well produces oil or liquids,	Unit	Sec.	l 75	<del></del>				<del></del>			,	
give location of tanks.		Ja. 	Twp 	).   	Kge.	Is gas actually	connected?	When	?			
f this production is commingled with that	from any oil	her lease or	pool,	give co	nming	ing order numb	er:					
V. COMPLETION DATA						·						
Designate Type of Completion	- (X)	Oil Wel		Gas V	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready t	o Prod	ī.		Total Depth		<u> </u>	P.B.T.D.	J		
Classics (DP nyp ng co									F.B. 1.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of P	Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
Perforations		<del></del>							Doub Coal			
		_							Depth Casi	ng Snoe		
						CEMENTIN	NG RECOR	D	·!			
HOLE SIZE	CA	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
	<del> </del>					<u> </u>	<del></del>		<del> </del>			
						·			<del> </del>			
V. TEST DATA AND REQUE	ST FOD	ALL OW	ADT	T.								
OIL WELL (Test must be after Date First New Oil Run To Tank	recovery of u	NLLUW otal volume	ABL.	E. d oil a	nd muss	he equal to an	avasad tan all					
Date First New Oil Run To Tank	Date of Te	st	-,			Producing Me	thod (Flow, pr	ump, gas lift, d	s depth or be etc.)	for full 24 hou	<i>(</i> 73.)	
Length of Test	T. 1.				<del></del> -					_		3
rengal of tox	Tubing Pri	Tubing Pressure				Casing Pressu	re		Choke Size			9
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbls.			Gas- MCF			8 P
											8 m/c 8	01
GAS WELL Actual Prod. Test - MCF/D	~			_							10 0	B
Actual Flod. Test - MCP/D	Length of	Test				Bbls. Conden	sate/MMCF		Gravity of	Condensate	<del></del>	V
l'esting Method (pitot, back pr.)	Tubing Pri	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
							, ,		CHORE SIZE			
VI. OPERATOR CERTIFIC					Ξ		211 001					
I hereby certify that the rules and regulation have been complied with and	lations of the	Oil Conse	rvation	) Ove		11	JIL CON	VSERV.	ATION	DIVISIO	NC	
is true and complete to the best of my	knowledge a	and belief.	u 400	UVC		D-4	A	_ OC7	271	98 <b>9</b>		
/18X//m.l.	_					Date	Approve	d				
Signature Signature						By_	· ·		COMED	RY		
W. J. 6X	AHAN	n 9	190	ul	•	PA			AAMS	υ1		
Printed Name O- #5 1989			Title		· ^	Title		d / Buch 30	OR, DISTI	RICT I		
Date		<u>م</u> د در ر Tel	2/7 lephone	<i>256</i> e No.	$\mathcal{Q}$		-		<del> </del>			
						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.