155 State of New Mexico Form C-104 Revised 1-1-89 subnit 5 Copies Appropriate District Office 21STRICT_1 10. Box 1980, Hobbs, NM 88240 Ene Minerals and Natural Resources Department See Instructions at Bottom of Page **OIL CONSERVATION DIVISION**)ISTRICT II ?.O. Drawer DD, Artesia, NM 88210 P.O. Box 2088 Santa Fe, New Mexico 87504-2088 <u>)|STRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87410 OCT 13 '89 **REQUEST FOR ALLOWABLE AND AUTHORIZATION** TO TRANSPORT OIL AND NATURAL GAS <u>O. C</u>. D. ١. Well API No. ARTESIA, OFFICE Operator Harcorn Oil Co. 30-015-Address P. O. Box 2879, Victoria, Texas 79702 Reason(s) for Filing (Check proper box) Other (Please explain) Change in Transporter of: Hew Well Change of Operator Name Dry Gas Recompletion Oil Effective October 1, 1989 Casinghead Gas Dondensate Change in Operator XX If change of operator give name and address of previous operator Hondo Oil & Gas Company, P. 0. Box 2208 , Roswell, New Mexico 88202 II. DESCRIPTION OF WELL AND LEASE Lease No. Well No. Pool Name, Including Formation Kind of Lease Lease Name V State, Federal or Fee 52 Grayburg Jackson/7 RV QGSA <u>_ Turner "B" (A</u> -Federal L6029395B I willow . 1980 Feet From The North Line and 660 Unit Letter Ε Line Section 29 Township 178 Range 31E , NMPM Eddy County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Hame of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) ſXX Texas-New Mexico Pipeline Company P. O. <u>Box 2528, Hobbs, New Mexico 88240</u> frame of Authorized Transporter of Casinghead Gas KX) or Dry Gas Address (Give address to which approved copy of this form is to be sent) <u>Company</u> Continental Oil P. O. Box 460, Hobbs, New Mexico 88240 If well produces oil or liquids, Unit Twp. Is gas actually connected? See Rge. When? give location of tanks. 178 31E 6 - 1 - 60ves If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well | Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Total Depth Date Spaulded Date Compl. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation **Tubing Depth** Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT DEPTH SET Post ID-3 27-89 10 rno on 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.) Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size 1 cogin of Test Casing Pressure **Tubing Pressure** Gas- MCF Water - Bbls Actual Prod During Test Oil - Bhis GAS WELL Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Tubing Pressure (Shut-in) Testing Method (pitol, back pr) Casing Pressure (Shut-in) Choke Size

V1. OPERATOR CERTIFICATE OF COMPLIANCE

thereby certify that the rules and regulations of the Oil Conservation forvision have been complied with and that the information given above in the and complete to the best of my knowledge and belief.

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Signatury 11	Gralia	IN?	Agent	
Printed Name Det 5	1989	كمك	Tille -677 23	60
Date			Telephone No.	

OIL CONSERVATION DIVISION	

Date Approved _____ OCT 2 7 1989

By	ORIGINAL SIGNED BY
	MINE VILLAALAS Selvenser, district II
Title	

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.