

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED

JUN 3 1980

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS ARTESIA, OFFICE

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SANTA FE	<input type="checkbox"/>	<input type="checkbox"/>
FILE	<input type="checkbox"/>	<input checked="" type="checkbox"/>
U.S.S.		
LAND OFFICE		
TRANSPORTER	<input type="checkbox"/>	<input type="checkbox"/>
OPERATOR	<input type="checkbox"/>	<input type="checkbox"/>
REGISTRATION OFFICE		

Operator Harbob Oil Company

Address

Box 158, Loco Hills, NM 88255

Reason(s) for filing (Check proper box)

New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain)

If change of ownership give name and address of previous owner Glen Plemons Drilling Co., Box 6264, Lubbock, TX 79413

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Warren State</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Millman Grayburg</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>E-1051</u>
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Location

Unit Letter E 2310 Feet From The North Line and 330 Feet From The West
 Line of Section 17 Township 19 S Range 28 E NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Crude Oil Purchasing Co</u>	Address (Give address to which approved copy of this form is to be sent) <u>North Freeman Avenue, Artesia, NM 88210</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>17</u>	Twp. <u>19S</u>	Rge. <u>28E</u>	Is gas actually connected? <u>No</u>	When
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If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations							Depth Casing Shoe	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

Ruby Parker
(Signature)
Agent

(Title)
5-14-80
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 6 1980, 19

BY W.A. Dussert
SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for all wells on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition. This form must be filed for each pool in multi-