

OIL CONSERVATION DIVISION
P. O. BOX 20000
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATION	
PRODUCTION OFFICE	

Operator Harvard Petroleum Corp.

Address c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, NM 88241

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner _____
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE. R-7279 6-1-83
North Bagley Farm, Lea

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Lease Name <u>Harvard State</u>		<u>1</u>	<u>North Bagley</u> <u>Undesignated Wolfcamp</u>	State, Federal or Fee <u>State</u>	<u>LH-880</u>
Location					
Unit Letter <u>B</u>	: <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u>				
Line of Section <u>27</u>	T. wship <u>11S</u>	Range <u>33E</u>	NMPM, <u>Lea</u>	County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)		
<u>Amoco Production Co. - Trucks</u>			<u>P. O. Box 1183, Houston, TX 77001</u>		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)		
<u>Warren Petroleum Company</u>			<u>P. O. Box 1589, Tulsa, OK 74102</u>		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When
	<u>B</u>	<u>27</u>	<u>11S</u>	<u>33E</u>	<u>Yes</u> <u>3/11/83</u>

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 Resist.	Diff. Resist.
<u>X</u>	<u>X</u>		<u>X</u>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.			
<u>12/3/82</u>	<u>3/2/83</u>	<u>10,100</u>			<u>8722</u>			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth			
<u>4266 KB</u>	<u>Wolfcamp</u>	<u>8656</u>			<u>8606</u>			
Perforations					Depth Casing Shoe			
<u>8656-8698</u>					<u>10,099</u>			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17 1/2</u>	<u>13 3/8</u>	<u>390</u>	<u>475</u>
<u>11</u>	<u>8 5/8</u>	<u>3992</u>	<u>1730</u>
<u>7 7/8</u>	<u>5 1/2</u>	<u>10099</u>	<u>1050</u>
	<u>2 3/8</u>	<u>8606</u>	

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.)	
<u>3/2/83</u>	<u>3/13/83</u>	<u>Flow</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24 hrs</u>	<u>560</u>	<u>Packer</u>	<u>18/64"</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	<u>264</u>	<u>10</u>	<u>304</u>

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

CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
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.	APPROVED <u>MAR 21 1983</u>
<u>Donner Hollis</u> (Signature) Agent (Title) <u>3/21/83</u> (Date)	BY <u>ORIGINAL SIGNED BY JERRY SEXTON</u> DISTRICT I SUPERVISOR TITLE _____
	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiple completed wells.

RECEIVED
MAR 21 1983
O.C.D.
HONORS OFFICE