

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
UIC	
GAS	
OPERATOR	
PRODUCTION OFFICE	
Operator	

Harper Oil Company		
Address 904 Hightower Bldg., Oklahoma City, OK 73102		
Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Casinghead Gas MUST NOT BE
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	FLARED <u>7/1/84</u>
Change in Ownership <input type="checkbox"/>		UNLESS AN EXCEPTION TO R-4070
		IS OBTAINED.

If change of ownership give name and address of previous owner: \_\_\_\_\_ THIS WELL HAS BEEN PLACED IN THE POOR DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE. (8-1-84)

DESCRIPTION OF WELL AND LEASE		Lease No.
Lease Name Heyco "36" State	Well No. 1	Pool Name, including Formation Gladiola Devonian
Kind of Lease State, <del>XXXXXXX</del>		
Location Unit Letter <u>H</u> : <u>990</u> Feet From The <u>East</u> Line and <u>1650</u> Feet From The <u>North</u>		
Line of Section <u>36</u> Township <u>11S</u> Range <u>37E</u> , NMPM, Lea County		

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Phillips Petroleum	4001 Pembroke, Odessa, TX 79762	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	NA	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 H	Sec. 36	Twp. 11S
		Rge. 37E	Is gas actually connected? No
			When

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 Res'v.	Diff. Res'v.
Date Spudded 12-2-83	Date Compl. Ready to Prod. 3-8-84	X		X		X					
Elevations (DF, RKB, RT, CR, etc.) G.L. 3892.8'	Name of Producing Formation Devonian	Total Depth 12,505'		P.B.T.D. 12,344'							
Perforations 12,120' - 12,144' 12,145' - 12,156'	12,157' - 12,165'	Top Oil/Gas Pay 12,120'		Tubing Depth 12,050.5'							
		Depth Casing Shoe 12,504'									
TUBING, CASING, AND CEMENTING RECORD											
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT					
17 1/2"		13 3/8"		379'		380					
12 1/2"		8 5/8"		4520'		2700					
7 7/8"		5 1/2"		12,504'		1410					
		2 7/8"		12,050.5'							

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead 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 3-30-84	Date of Test 4-23-84	Producing Method (Flow, pump, gas lift, etc.) Hydraulic pump	
Length of Test 24 hours	Tubing Pressure 2800# (Injection)	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 318	Water - Bbls. 1000	Gas - MCF TSTM

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

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION MAY 18 1984	
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 _____, 19 _____	
Vice-President of Production		BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR	
(Signature)		TITLE _____	
4-30-84 (Date)		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.	
		Form C-104 must be filed for each pool in multiply	