| NO OF THESE REC | Elver | |
|------------------|-------|--|
| DISTRIBUTION | | |
| SANTA FE | | |
| FILE | | |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION OFFICE | | |
| Operator | | |

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

| | U.S.G.S. | AUTHORIZATION TO TR | AND ANSPORT OIL AND NATURAL | Effective 1-1-65 | | | | | |
|---|--|--|--|---------------------------------------|---|--|--|---|--|
| | LAND OFFICE | | The state of the s | | | | | | |
| | TRANSPORTER GAS | | | | | | | | |
| 1. | PRORATION OFFICE Operator | | | | | | | | |
| Hilliard Oil & Gas, Inc. | | | | | | | | | |
| | 3000 N. Garfield - | - Suite 120, Midland, Tex | | | | | | | |
| | Reason(s) for filing (Check proper below We!) | Ox) Change in Transporter of: | Other (Please explain) Clearance to n | nove test oil | | | | | |
| | Recompletion | Oil Dry G | 10,315-23' - A | | | | | | |
| | Change in Ownership | | 10,240-86' - A 10,150-56' - A | | | | | | |
| | If change of ownership give name and address of previous owner | | 8,160-66' - W | | | | | | |
| II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease | | | | 250 tall | | | | | |
| Harris Federal 1 Wildcat (Atoka) & (Wolfcamp) State, Federal or Fee Federal NM-05 | | | | | | | | | |
| | Location Unit Letter H : 19 | 00 Feet From The North Li | ne and 990 Feet From | The East | | | | | |
| | Line of Section 17 T | Cownship 15-S Range | 30-Е , _{ммрм} , Cha | | | | | | |
| 1. | | RTER OF OIL AND NATURAL GA | | | | | | | |
| Name of Authorized Transporter of Cil 🔀 or Condensate 🗌 Address (Give address to which approved copy of this form is to be | | | | | | | | | |
| | The Permian Corpor | | | oved copy of this form is to be sent) | | | | | |
| | If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. H 17 15S 30E | Is gas actually connected? W | hen | | | | | |
| If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA | | | | | | | | | |
| | Designate Type of Complet | ion - (X) | New Well Workover Deepen | Plug Back Same Restv. Diff. Restv. | | | | | |
| | 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 | | | | | |
| | erforations | | | Depth Casing Shoe | | | | | |
| | TUBING, CASING, AND | | D CEMENTING RECORD | | | | | | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| | | | | | | | | | |
| , [| TEST DATA AND DECLIEST I | FOR ALLOWARIE (Test must be | | | | | | | |
| 7. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or eable 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.) | | iji, eic.) | | | | | | | |
| | Length of Test | Tubing Pressure | Casing Pressure | Choke Size | | | | | |
| | Actual Prod. During Test | OII-Bbls. | Water - Bbls. | Gas-MCF | | | | | |
| '- | GAS WELL | | | | | | | | |
| ſ | Actual Prod. Test-MCF/D | Length of Test | Bbis. Condensate/MMCF | Gravity of Condensate | | | | | |
| | Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size | | | | | |
| 1. (| CERTIFICATE OF COMPLIAN | (CE | OIL CONSERV | ATION COMMISSION | | | | | |
| | | regulations of the Oil Conservation | APPROVED FEB 1 | 0 1984 , 19 | | | | | |
| | | with and that the information given the best of my knowledge and belief. | | W. Seay | | | | | |
| John D. Forsyth Signature) | | TITLE C: & Gas Inspector This form is to be filed in compliance with RULE 1104. If this is a request for silowable 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. | | | | | | | |
| | | | | | Production Manager (Title) January 24, 1984 (Date) | | | 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 multiply completed wells. | |

P A 1984 HOBBS OFFICE

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