

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	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRODUCTION OFFICE	

HARPER OIL COMPANY

904 Hightower Building Oklahoma City, Oklahoma 73102

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 N/A

DESCRIPTION OF WELL AND LEASE

Lease Name Seay	Well No. 1	Pool Name, Including Formation East Upper Hightower Lower Penn	Kind of Lease State, Federal or Fee	Lease No. E-2109
Location Unit Letter P : 660 Feet From The East Line and 660 Feet From The South Line of Section 30 Township 12S Range 34E, NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Amoco	Address (Give address to which approved copy of this form is to be sent) 4545 Lincoln Blvd., Oklahoma City, Okla. 73105					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, Oklahoma 74102					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 30	Twp. 12S	Rge. 34E	Is gas actually connected? Yes	When October 20, 1980

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 5-20-80	Date Compl. Ready to Prod. 8-4-80		Total Depth 10,470'		P.B.T.D. 10,423'			
Elevations (DF, RAB, RT, GR, etc.) 4201.8'GL, 4220.3'KB	Name of Producing Formation Bough "B"		Top Oil/Gas Pay 9920'		Tubing Depth 9981.81'			
Perforations 9920-46					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 5/8"	360'	400
12 1/2"	8 5/8"	4200'	2200
7 7/8"	5 1/2"	10,468'	400

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 July 9, 1980	Date of Test August 1, 1980	Producing Method (Flow, pump, gas lift, etc.) Tubing Swab	
Length of Test 12 hours	Tubing Pressure Tubing Swab	Casing Pressure packer	Choke Size tubing swab
Actual Prod. During Test	Oil-Bbls. 74	Water-Bbls. 82	Gas-MCF Gas TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	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.

(Signature)

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Supervisor District 1  
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 multiply completed wells.