

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.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator  
Harper Oil Company

Address  
904 Hightower Bldg., Okla. City, Okla. 73102

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Change in Gas Well NOT BE
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	EXEMPTED BY 2/1/81
		Dry Gas	<input type="checkbox"/>	IN ACCORDANCE WITH R-1070
		Condensate	<input type="checkbox"/>	

If change of ownership give name and address of previous owner N/A

II. DESCRIPTION OF WELL AND LEASE

Lease Name Seay	Well No. 2	Pool Name, Including Formation E. Hightower Upper Penn	Kind of Lease State, XXXXXXXXX	Lease No. E-2109
Location Unit Letter J : 1920 Feet From The East Line and 1980 Feet From The South Line of Section 30 Township 12S Range 34E, NMPM, Lea County				

III. 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. Okla. City, Okla. 73105			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, Okla. 74102			
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 30	Twp. 12S	Rge. 34E
	Is gas actually connected?		When	
	No			

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded 8-16-80	Date Compl. Ready to Prod. 11-28-80	Total Depth 10450	P.B.T.D. 10175					
Elevations (DF, RKB, RT, GR, etc.) 4208 GL, 4224 KB	Name of Producing Formation Bough	Top Oil/Gas Pay 9897	Tubing Depth 9801					
Perforations 9897'-9926'; 9931'-9947'			Depth Casing Shoe 10473					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	353'	400
12 1/2"	8 5/8"	4200'	2550
7 7/8"	5 1/2"	10448'	425

V. 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)

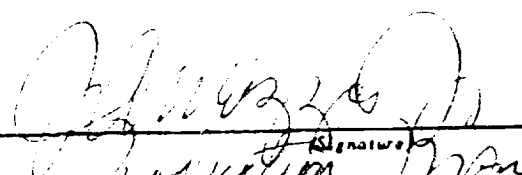
Date First New Oil Run To Tanks 11-4-80	Date of Test 11-11-80	Producing Method (Flow, pump, gas lift, etc.) Tubing swab	
Length of Test 10 hrs.	Tubing Pressure ----	Casing Pressure ----	Choke Size Tubing Swab
Actual Prod. During Test	Oil - Bbls. 47	Water - Bbls. 52	Gas - MCF

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

VI. 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.

  
Production Manager  
(Title)  
3 1980  
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 10 1981  
BY   
TITLE SUPERVISOR DISTRICT I

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.