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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator HARKEN EXPLORATION COMPANY		Well API No. 30-025-26331
Address P. O. BOX 10626, MIDLAND, TEXAS 79702		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	<i>Effective 2-1-90</i>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name FEDERAL 12	Well No. 1	Pool Name, including Formation WEST TONTO BONE SPRINGS	Kind of Lease State, Federal & Fee	Lease No. NM-56251
Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line Section <u>12</u> Township <u>19S</u> Range <u>32E</u> , 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"/> SUN REFINING AND MARKETING	Address (Give address to which approved copy of this form is to be sent) 2415 EAST HWY. 80, MIDLAND, TX 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> CONOCO	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1959, MIDLAND, TX 79702					
Well produces oil or liquids, or location of tanks.	Unit G	Sec. 12	Twp. 19S	Rge. 32E	Is gas actually connected? YES	When? 3/25/86

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	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 9/30/85	Date Compl. Ready to Prod. 10/23/85		Total Depth 8931'		P.B.T.D. 8912'			
Measurements (DF, RKB, RT, GR, etc.) 3656.5' GR	Name of Producing Formation WEST TONTO BONE SPRINGS		Top Oil/Gas Pay 8795'		Tubing Depth 8785'			
Measurements 8795-8820' w/1 1/4" shot/ft - 25 holes					Depth Casing Shoe			

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	500	SET BY INEXCO
12 1/4	8 5/8	5100	SET BY INEXCO
7 7/8	5 1/2	8920	275 sx 50/50 POZ II

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.)			
First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	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 (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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
JIM MCANINCH OPERATIONS MGR.
Printed Name
12/20/89 Title
915/684-7732
Date Telephone No.

OIL CONSERVATION DIVISION
JAN 03 1990

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON

Title DISTRICT I SUPERVISOR

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

O. C. D.
ARTESIA, OFFICE

DEC 26 89

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