Submit 5 Co	pies
Appropriate	District Office
DISTRICT I	

P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico				
y, Minerals and Natural Resources Depa	artmei			

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

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWARI F AND ALITHORIZATION

I.					L AND NA			ON			
Operator				<u></u>					API No.		
	darko Pet	róleu	am Co	orpor	ation				30-D	<u>25-2</u>	3636
Address P ()	. Box 806	5 Eur	nice	. NM	88231						
Reason(s) for Filing (Check proper			1100			ner (Please ex	(plain)				
New Well		Change in				,	,,				
Recompletion	Oil	X	Dry Gas								
Change in Operator	Casinghead	I Gas	Condens	sate							
If change of operator give name and address of previous operator											
II. DESCRIPTION OF THE	LL AND LEA	SE			•						
Lease Name		Well 1 fo.	Pool Na	me, Includ	ing Formation				of Lease		Lease No.
Harvard	l,	1	Fost	ter S	an Andı	ces		State,	Federal or Fe	<u> </u>	
Location Unit Letter 0	. 330	1		C.	outh	22	10			Dogt	
	•		Feet Fro		outh Lin	e and 23 .		Fe	et From The	East	Line
31 Section Cov	unship 185	, 	Range	39E	, N	мрм,	Lea				County
UL DECIONATION OD (UL											
III. DESIGNATION OF TI Name of Authonized Transporter of C		COF OI or Condens		NATU		e address to	which any		copy of this f		
Lantern Petrole			1]	Box 22				Tx 797		seni)
Name, of Authorized Transporter of C			or Dry G	ias 📃					copy of this f		ent)
OPTI Gas Co	·1-p					··· <u>··</u> ···					
If well produces oil or liquids, give location of tanks.	Unit 1	Sec. 31	18S	Rge. 39E	ls gas actuall Yes	y connected?	· 1	When Sei	? Stember	• 1984	
If this production is commingled with	that from any othe				ing order num	her	I	1			
IV. COMPLETION DATA		0. P		Containing							
		Oil Well	Ga	is Well	New Well	Workover	Dee	pen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Complet					L	l	1		_		i
Date Spudded	Date Compl.	Ready to i	Prod.		Total Depth				P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing For	mation		Top Oil/Gas I	ay			Tubing Dead		
					•				Tubing Dept	.1	
Perforations		<u> </u>							Depth Casing	; Shoe	
			31001	<u> </u>		10 0000					
HOLE SIZE		NG & TUE			CEMENTIN	DEPTH SE				ACKS CEM	
						DEFINIC			S	ACKS CEM	
					<u> </u>						
V. SEST DAT A DR 21	JEST FOR AL	LOWA	BLE								
	ter recovery of total			and must i	be equal to or	exceed top al	lowable fo	or this	depth or be fa	r full 24 hou	rs.)
Date First New Oil Run To Tank	Date of Test				Producing Me						
Length of Test	Tubing Press	ire			Casing Pressu	re			Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.				Gas- MCF		<u> </u>
U											
GAS WELL	*										
Actual Prod. Test - MCF/D	Length of Tes	st	<u>'</u> -	1	Bbls. Condens	atc/MMCF		1	Gravity of Co	ndensate	
									-		
esting Method (pitot, back pr.)	Tubing Pressu	ire (Shut-in	ı)		Casing Pressur	e (Shut-in)			Choke Size		-^
I. OPERATOR CERTE			LANC		[
I hereby certify that the rules and re				. С	0	IL CON	VSER	VA		VISIC	N
Division have been complied with a	nd that the informa	tion given									. •
is true and complete to the best of n	C a				Date	Approve	d	,	IÁ.	ക	
She C. English					Date Approved						

	2m inglish	
Signature	John C. Baglish Area Supervisor	By Orig. Signed by Paul Kautz
	he 6, 1994 505-394-3184	Title Geologist
Date	alenhone No	

1.2. INSTEUCTIONS: 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.

 $\mathbb C)$ All sections of this form must be filled out for allowable on new and recompleted wells.

() Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4. Separate Form C-104 must be filed for each pool in multiply completed wells.