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1000 Rio Brazos Rd., Aztec, NM 87410

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 Avra Oil Company	Well API No. 30-025-07312
Address P.O. Box 3193 Midland, TX 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Effective 11-1-93
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

CASINGHEAD GAS MUST NOT BE
FLAMED AFTER 1-17-94
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Amerada Hardin	Well No. 1	Pool Name, Including Formation Knowles South (Devonian)	Kind of Lease State, Federal or Fee	Lease No. 06747
Location Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East Line Section 24 Township 17 S Range 38 E , 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"/>	Address (Give address to which approved copy of this form is to be sent) 2300 Continental Bank Bldg. Ft. Worth, TX					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 24	Twp. 17S	Rge. 38E	Is gas actually connected? No	When ?

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 10-26-93	Date Compl. Ready to Prod. 10-31-93	Total Depth 12125'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 3691 DF	Name of Producing Formation Devonian	Top Oil/Gas Pay Oil	Tubing Depth 10209'					
Perforations Open Hole from 12105'-12125'	Depth Casing Shoe 12105'							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17"	13 3/8"	331	400					
11"	8 5/8"	5001	2200					
7 3/4"	5 1/2"	12105	220 + 700					

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 Tank 11-2-93	Date of Test 11-3-93	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure 0	Casing Pressure 0	Choke Size
Actual Prod. During Test	Oil - Bbls. 41	Water - Bbls. 186	Gas- MCF 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

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 Sandra Spratt Agent
Printed Name Sandra Spratt Title
11-8-93 (915)682-4866
Date Telephone No.

OIL CONSERVATION DIVISION

NOV 17 1993

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

Title

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