

NO. OF	RECEIVED
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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator Harding Oil Company		
Address 408 Carillon Tower West, 13601 Preston Rd., Dallas, Texas 75240		
Reason(s) for filing (Check proper box)		Other (Specify)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Casinghead Gas MUST NOT BE FLARED AFTER 3/11/74 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Recompletion <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>		

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Shaw	Well No. 1	Pool Name, including Formation Humble City (Strawn)	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter B ; 1980 Feet From The East Line and 660 Feet From The North Line of Section 15 Township 17S Range 37E , 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"/> Texas-New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma 74004					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 15	Twp. 17S	Rge. 37E	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 <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 10-24-73	Date Compl. Ready to Prod. 3-7-74	Total Depth 11,647	P.B.T.D. 11,617					
Elevations (DF, RKB, RT, GR, etc.) 3753 GR	Name of Producing Formation Strawn	Top Oil/Gas Pay 11,350	Tubing Depth 11,258					
Perforations 11,350 - 11,377		Depth Casing Shoe 11,646						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
15"	11-3/4"	400'	400 sx Class H +2% cac					
11"	8-5/8"	4496'	600 sx Class H+2% cac					
7-7/8"	4-1/2"	11,646	400 sx					
	2-3/8"	11,258						

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)

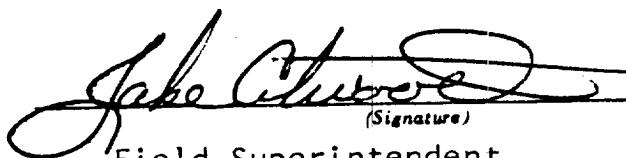
Date First New Oil Run To Tanks 3-11-74	Date of Test 3-8-74	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hr.	Tubing Pressure 380	Casing Pressure 0	Choke Size 24/64"
Actual Prod. During Test 424.17	Oil - Bbls. 424.17	Water - Bbls. 0	Gas - MCF 746

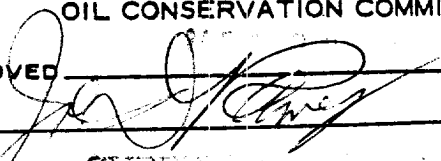
GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
(Signature)  
Field Superintendent  
(Title)  
March 14, 1974  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY   
TITLE SUPERINTENDENT

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.